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Original Articles.

SANDOW, THE STRONG MAN, BEFORE THE DOCTORS OF CINCINNATI.

BY ONE PRESENT.

The physicians of Cincinnati were treated last month to an exhibition which but few of them had ever witnessed before and in all probability will not have an opportunity to witness again for some time to come, if ever.

Eugene Sandow, the man whose reputation as an athlete, heavy weight lifter and acrobat has extended over two continents, gave a private exhibition in the parlors of the Burnet House to a select few of the medical profession. The following physicians, in response to the neat little invitation which was sent to them, were present: Drs. Joseph Ransohoff, J. L. Cilley, P. S. Conner, S. C. Ayres, C. L. Bonifield, Gilbert I. Cullen, Joseph Eichberg, William Judkins, W. E. Kiely, E. W. Mitchel, E. Gustave Zinke.

Mr. Sandow appeared promptly at the hour appointed clad in a suit of tights from the hips down, his chest and back being entirely exposed in order to allow a better view of the workings and development of the muscles connected with this portion of his body.

He first showed the hardness of the abdominal muscles by contracting them in great ridges, walking around among the guests and giving them the opportunity of testing them. He then separately exercised the various sets of muscles in turn and demonstrated their wonderful development, after which he showed them in a relaxed state, which presented them as soft and flabby as those of a baby. Probably the most interesting demonstration he gave was that of the phenomenal resistance and development of the muscles covering the abdominal cavity.

Stretching himself out at full length on his back upon the floor he requested some one to press on his stomach as hard as possible, whereupon Dr. Conner tried to make some impression, but without avail. The Doctor then placed his whole weight upon his stomach, when Mr. Sandow lifted him by the contraction of the muscles alone, as though he had been jerked up by a pulley. He then asked some gentleman to hang on his arm while he wrote his name on the card held against the wall. Mr. Ziegfeld, who weighs about 160 pounds, suspended himself at Sandow's wrist and a card was held against the wall upon which this giant of strength wrote his name with an ease which aroused the heartiest applause from the audience.

Behind this muscular phenomenon we find a most interesting little bit of history. Eugene Sandow was born in Koenigsburg, Prussia, twenty-eight years ago. When about fourteen years of age it was first noticed that his strength was above the average, but not until a few years later had development brought it out with sufficient prominence to attract attention. Upon going to England he made, by chance, the acquaintance of a well-known London woman who became enthusiastic over the muscular freak and, in a way, made of him her protege, and in consideration of his pledging himself to further develop this gift she agreed to present him before the royal heads at the earliest feasible opportunity. This was soon accomplished, through her influence, and the reputation of Eugene Sandow was made.

Mr. Sandow stands 5 feet 8 inches and weighs 165 pounds. His chest measures 38 inches, with a fourteen inch expansion.

As to his mode of living he is the most utter bohemian. He told the writer that he eats when he feels like it and whatever he chooses; he drinks moderately and occasionally smokes, indulging in a cigarette when he wants a short smoke.

The doctors present were enthusiastic in their praise and admiration of the almost unexampled muscular development of this "little giant." All agreed, however, that he is a *freak* pure and simple, and furnishes no example of the result of careful, intelligent and systematic training and exercise, which they had hoped to find, in which, without exception, they are firm believers and advocates. One present said: "Lack of exercise is

accountable for more ill-health among the American people than all other causes combined. I am convinced more and more that we should make this the text for all our preaching."

The strong man Sampson, who is an acknowledged rival of Sandow, and by many considered his superior in strength, has since been in Cincinnati. His Herculean strength is the direct result of exercise and careful dieting. It will be interesting and useful as well at a later day to describe his methods and the results.

The picture of Sandow in this issue of the JOURNAL is made from one presented the writer by Sandow himself and is an excellent representation.

AN AGENCY PHYSICIAN'S EXPERIENCES AMONG FRONTIER INDIANS.

BY JAS. L. NEAVE, M. D., DRESDEN, OHIO.

The articles under the above heading, published in previous numbers of the MEDICAL JOURNAL, have elicited certain queries to which I will endeavor to reply through the medium of the same columns.

The domestic relations of the Indians are, according to our standard, rather queer in many particulars. While an Indian generally contents himself with a single squaw, he may have as many as he desires, and can take care of. If he has a couple, they may all live in one house, or he may maintain separate establishments. If he has three, he often keeps two in one house and one in another, and he will live awhile in one house, and then in the other. So far as I could observe, there did not seem to be any jealousy or bad feeling, but perfect harmony in these mixed relations. To illustrate: My friend, Tik-a-rah-nish (Strike Enemy), had three wives. Owl Woman and Medicine Woman lived in one lodge—a log house of three rooms —while his principal wife, Snow, occupied another house some hundred feet distant. Part of the time he lived in one place and part of the time in the other, although his preference seemed to be for Snow. Yet these three women seemed to be perfectly harmonious—worked together when necessary; and when he

lived in one establishment the other seemed perfectly free from any jealousy. To show how perfectly proper all this seems to the Indian, I will relate the following incident: When my wife's sister came to spend a year with us, Strike Enemy came to my house and congratulated me because I was no longer poor. When I asked an explanation, he pointed to my sister-in-law and said that I now had two wives, and was therefore rich. When my "second wife" returned to the States my friend at once came to my house and asked me if my wives could not get along together that I had to send one away, and expressed sympathy for the woful state of my domestic affairs. Certainly, he and his wives lived in absolute harmony, and he thought it strange that I could not get along with two wives.

The domestic relations of the Indians are generally pleasant. Their love for their children is very evident. I never knew an Indian parent to strike a child. What punishment they ever inflicted I know not, but certainly, whipping a child was not thought of. One of our school teachers once—and only once—whipped an Indian child, and for awhile was in danger of her life for so doing, as a blow is looked upon as a lasting disgrace, and the family connections of the child were wild for awhile. Through childhood and through the prime of life all is well in the domestic circle, but old age does not command respect and care. Many a time have I seen aged women toiling in the fields in summer, or coming into camp in the winter, bent almost double under the bundle of firewood they carried on their backs. It would have been no great trouble for the younger members of the family to have done this work; but the ancient traditions of the people decreed that the old must do all they were able to perform, and neither they nor the younger people thought anything of this state of affairs.

If Indians have any marriage rites, I never was cognizant of them. Certainly no ceremony is necessary. In olden times the favor of the parents was sought by a present of some ponies; but I never noticed any proceeding of any kind, and I have been in their camps thousands of times. Love-making I have seen. All places and all times are favorable to love-making. A young

buck will put some extra touches of paint upon his face and person, green, yellow, white and red predominating; put some extra dabs of clay in his hair; put on an additional armlet or two, and his best necklace, made of a particular kind of shells; get a new blanket and he is ready, wherever he may choose to place himself. I used frequently to notice these gallants at the traders' store. One would draw up his blanket so that nothing was visible except one eye. When the right girl came along the blanket would suddenly open, and then close again upon two forms, and there they would stand with nothing visible except two pairs of moccasins. One buck named Colse-ka-me to-push —Liar Pheasant—once made a demonstration of this kind towards one of the lady teachers whom he met on the road. She ducked under his arms just as they were about to close upon her, and thus saved herself from being placed in rather an unpleasant predicament.

Are the Indians ever jealous? I can answer best by relating an incident. Koon-hoof-kah-tit—Black Bear—and his wife, didn't get along well together; probably because Mrs. Black Bear was possessed of a most devilish temper. I once saw her come within an ace of killing one of our employes because the piece of meat he had issued to her did not exactly suit her. She was standing outside the issue-house at the open door. The floor of the room from which the meat was issued was about three feet above the ground. When our young man returned to her the piece of meat which she had refused to accept, and had thrown back into the room, she jerked out her knife (all Indians, squaws, as well as bucks, nearly always carry a butcher knife in their belts), and made a most vicious downward lunge at him, which only escaped ripping open his bowels by the sudden leap backward that he made. The knife struck the floor and stuck there firmly.

Finally, Black Bear set aside his wife, and took as his new wife, Mrs. Koon-hoof-pitk—Two Bears. Matters progressed quietly for awhile, but the knowing ones predicted an outbreak, and it came. One day our agency clerk, whom the Indians called Coon-oo-coos-co—Big Belly—hired Mrs. Two Bears, as

she continued to be called by the agency employes, to chop up some fire-wood. While busily engaged at her work, Mrs. Black Bear, wife No. 1, crept up behind and struck her a violent blow with a metal bucket, which failed of doing serious damage, as Mrs. Two Bears saw her in time to partially avoid it. Mrs. Two Bears at once ran into the house and grabbed up a heavy knife, the handle and blade of solid metal, and about eighteen inches long, and before anyone could prevent it she had hold of her rival and a pitched battle ensued, lasting a couple of minutes. All that saved Mrs. Black Bear from being killed was that Mrs. Two Bears, in her blind fury, struck with the back of the blade. As it was, there were cuts on head and arms that required sewing up. By the time the cuts had healed, Black Bear had reconsidered his former action, and had again taken up with his first wife, letting Mrs. Two Bears slide, and peace and harmony once more reigned.

(TO BE CONTINUED.)

UTERINE SURGERY.

By J. H. Houston Ball, M. D., Wayland, Texas.

During my services as interne in the City Hospital, of Memphis, I encountered troublesome hemorrhage from lacerated cervix in several cases. I always used the silver suture and let it remain in five or ten days, or longer if necessary. For five years I have used cocaine as a local anaesthetic and find its action satisfactory. In this time I have operated on several cases, eight of which have not only been relieved of the laceration, but are entirely relieved of the train of symptoms that induced the patients to seek relief. I believe all physicians are agreed that the best time to operate for lacerated perineum is immediately after confinement. Unfortunately the majority of cases are not seen by the physician until years after the accident. I have had two cases in the last eighteen months that I offer as evidence on this point.

I was asked to see a woman in her first confinement on the 20th of July, 1893. When I reached the patient's bedside I was

informed by the midwife in attendance that the child had been born, the placenta expelled, and that the woman needed no further attention.

She complained, however, of so much soreness that, at her request, I made an examination, and found that the perineum lacerated to the sphincter ani. This I closed with silver sutures, using a large curved needle. She was instructed to remain in bed and use an injection of warm water every day. This she neglected to do, and I found her up attending to her household duties, ten days later. I removed the sutures and found the rent closed. She made a complete recovery under the most unfavorable circumstances. The second case I met by accident. The woman had been delivered a few hours before by a midwife. The laceration which extended to the sphincter ani was closed with silver sutures. She was kept in bed and directed to use warm water injection twice a day. The sutures were removed in ten days as in the first case, and the perineum was entirely closed. Congenital antiflexion of the uterus with a large conical cervix and stenosis of the conical canal is another condition that I often find. The amount of obstruction depends on the deviation of the normal axis of the body and cervix. When the flexion of the body and cervix forms an acute angle, the cervical canal is almost entirely obliterated, and my experience is that the knife is the quickest relief. I do not know that I could express my views better than to relate the following case that came under my care over three years ago. The woman had suffered with painful menstruation, with profuse leucorrhœa since her mensis first appeared. She had been married two years, since which time her troubles had been gradually growing worse. Her mensis appeared twice a montn, and at each time were ushered in with violent expulsive pains and nervous rigors. It lasted more than a week each time. There was a profuse leucorrhœa between the flow, and great soreness in the lower part of the abdomen; her general health was breaking down and she was low spirited and depressed. After trying six months to overcome the obstruction by passing sounds and dilators, I operated in the usual way by slitting the cervix back-

ward to the vaginal junction, cutting through tne internal os and introducing a straight hard rubber stem. I kept her in bed two weeks, and she wore the stem three months. I removed it at the beginning of each menstrual flow and replaced it after the flow had ceased. Her mensis came on without pain after the operation, the leucorrhoea ceased after the stem had been removed a short time, and she regained health and cheerfulness. I saw her twelve months since, she was in excellent health and there has been no return of the obstruction.

TAKE OUT WIRE SUTURES IN JOINTS.

By John Dixwell, M. D., Boston, Mass.

A middle-aged American spinster called upon me for treatment of her knee, which had been operated on some four years before, at one of our great institutions for tuberculous troubles (a wedge-shaped piece being then removed, and the bones wired together, forming a stiff joint). Her present illness was due to no local violence, but pain, redness, and some swelling could be noticed about the line of union of the bones from former operation plainly. Her physician had discouraged her by asserting that a recurrence of the tuberculous disease was evident, and hence the hopes founded on this operation were false, and no new surgical action was advisable. Believing, as I did, that some small initiative cause could be found, an incision was made, and some seven stitches of copper wire removed from the bones where it had been left and was the sole cause of the symptoms. A speedy recovery followed, the wound being only treated by cleansing and then dusting with pulv. iodiform for some six days consecutively, then closed. A tonic for her general condition, sent her home to a neighboring State happy enough. She says that after showing the wire to her local physician she will have it made into a finger ring to wear for future good luck, which is a use for it.

On July 10, I delivered an American primipara of a large female child, normal in every way but for an extra little finger

attached to the base of the other little finger by a small pedicle only, its bones and tissues however, were wholly developed. Chancing about this time to glance over a late number of the *London Lancet*, I saw the account of a precisely similar case in England at the same time. Thinking it of interest I forwarded the facts to the *Boston Medical Journal*, but it being unpublished I recalled the article and the amputated finger, and mailed them to the *London Lancet* Whether it was there utilized I am unable to state, but the curious fact remains that simultaneously on two sides of the ocean these two peculiar cases were noted. How enough nourishment passed into this extra finger to fully form it by the the small pedicle, is difficult to imagine; the amputation of this finger caused the loss of possibly two drops of blood in all.

Two cases going to demonstrate the small value of the symptoms of movements of the fœtus in utero.—An intelligent primipara complained to writer of the very active and painful movements of child during the last two months of pregnancy, resulting in insomnia to a considerable degree, and distress during waking hours. At term she was delivered of a dead macerated fœtus of about seven months maturity.

The other woman was less intelligent and had lost one child at the third month some two years before. She was also much distressed during the last two months of pregnancy by the activity of the fœtus. But at term she had a footling case of a macerated seven-months' boy, making a slow recovery. There was no specific history nor special cause discovered for these deaths in utero, nor was the cause of the entire self-deception found, no general hysteric condition existing in either case. One was married, one was single, both were large fat women, whose abdominal walls were hard to feel through.

From Extreme Heat.—Patient—"What do you think of a change of climate for me, doctor?" Doctor—"My dear man, that's just what I'm trying to save you from."

THE UTERUS.

By Byron Robinson, M. D., Chicago.

Prof. of Gynecology in Post Graduates Medical School, Attending Surgeon in Woman's Hospital Attending Gynecologist to Chicago Charity Hospital; Gynecologist to Post Graduate Hospital.

Anatomical.—The surrounding and adjacent organs of the uterus are very important to the gynecologist. The mobility, elasticity, capacity to change and return are qualities belonging to the pelvic viscera, which makes them difficult to understand and comprehend. One may dissect scores of bodies and study the course of the uterus but feel slightly uneasy in every vaginal hysterectomy for fear one may be clamped. It requires long and repeated dissections to feel sure of the course of the uterus—really the only structures in the pelvis which give cause for uneasiness. The significant anatomical fact that the ureter runs under the uterine artery is the reason of its liability to being caught in the ligature. He who ligates the uterine artery through the vagina without fear of including the ureters in the ligature is no anatomist. Try it on the cadaver and report. The ureters run close to the cervix and one should push them upward and outward so as not to include them in the ligature.

I practiced ligating dogs' ureters and then killed the dogs at various numbers of weeks, subsequent. The kidney soon begins to dilate after the ureter is tied. It seems to swell and stretch for two or three days and then come to a stand-still. The pressure of the urine in the kidney pelvis is then as high or higher than blood pressure. This pressure then begins to atrophy the glomeruli and generally the kidney begins to shrink. In one dog I killed six months after the operation the kidney was a little larger than a plumb—it was an atrophic organ, a useless viscus. The ligature had absorbed which was of linen thread. The opposite kidney was much larger than natural. It had compensatory hypertrophy. I know of one case in a human where one ureter was cut and the other was ligated during abdominal hysterectomy for fibroid. The ligated ureter made the kidney useless for six weeks. After six weeks the ligature on the ureter

cut through and the kidney resumed its work. So far as could be observed the kidney functionated just as well after six weeks of idleness as it did before. This matter indicates two things: 1. A ureter can be ligated without knowing it; 2. A kidney will resume work after weeks of idleness. But one should avoid ligating ureters for fear of a poor kidney on the other side and also a urine may flow into the abdominal cavity on the resumption of the kidney's function.

There are some interesting points about the uterus itself which may be of real value to the practitioner. The uterus is a hollow, muscular organ, lined with tubular glands. It is formed by the coalescence of the Fallopian tubes which originally represented the ureters of the first kidney. The uterus is pear-shaped and when the woman stands erect it is horizontal in position. The uterus below man and monkey is bicornuate and fetus is gestated in the horns. In man and monkey the uterus has no cornue or horns, the Fallopian tubes reach from the fundus to the ovaries. The body is that part which lies between the Fallopian tubes and the internal os. The neck is that portion lying between the internal and external os. The real uterus consists of that part which is covered by peritoneum, i. e., the fundus and body. The uterus is fed by two arteries, the ovarian and uterine. The uterine springs from the internal iliac and passes to the uterus, when it arrives at the uterus it gives a branch to the neck and vagina. The main branch passes along the side of the uterus to the Fallopian tubes where it unites with the ovarian. The artery along the side of the uterus is very tortuous and spiral so as to furnish a larger and more steady blood supply and to avoid rupture by sudden changes in the position or size of the uterus. The uterus is nourished by small arteries which enter it at right angles. The uterine artery carries about two thirds of the blood supply to the uterus. They can be tied through the vagina, and Dr. Franklin H. Martin, of Chicago, has given the profession a valuable operation to stop bleeding in uterine fibroids by lighting the uterine arteries through the vagina. In doing Martin's operation I have introduced a different plan than Dr. Martin did at first. This plan is employed in order to avoid including the uterus in the

ligature of the uterine artery. Instead of cutting open the vaginal vault on both sides of the crevix *only*, I cut the vagina all around the cervix except the posterior one third. This enables one to strip the bladder and ureters well upward and outward, out of the way of the uterine artery, which can then be tied without danger to the ureters. The ligature should then be passed close to the uterus with an aneurism needle. The walls of the artery going to the cervix are very thick, owing to an excessive development of the circular muscular fibres. This serves a most wonderful purpose for when a cervical artery is ruptured, at labor, its circular fibres at once contract and stop bleeding. Numerous circular muscular fibres in the cervical artery is what has saved unnumbered women at labor. The ovarian artery supplies the ovary and tube and enastomoses with the ascending uterine, just under the uterine and tubal junction. It furnishes about one third of the blood supply to the uterus. It arises just below the renal, from the aorta, and passes down over the brim of the pelvis where it enters the broad ligament. It sheds a plexus of arteries to the ovary, and several small branches to the tubal ampulla and a few to the tubal isthmus. As the ovarian artery joins the ascending uterine it makes some very abundant loops and rich coils. The ovarian artery is very tortuous and spiral so as to accommodate itself to circumstances. A tortuous artery gives a more steady blood stream and can easily adjust itself to sudden changes of length, The ovarian artery is long on account of being gradually drawn out through ages of evolutionary change due to the upright posture. The ovaries of lower animals are still near their original floor of development so that their ovarian artery is short. But in man the ovary has dropped into the pelvis and elongated the ovarian artery. The author has published a new method of curing uterine myoma by ligating the ovarian artery and then ligating the ascending uterine artery as it passes along the side of the uterus. The artery as it courses along the side of the uterus can be ligated as far down as the internal os. Dr. Waite and myself have performed this operation some twenty-five times with very satisfactory results. The operation of tying off the tubes and ovaries and the ligating the uterine artery as it courses through the

broad ligament along side of the uterus as far down as the os, is a procedure I introduced just two years ago this month. This operation accomplishes the following objects: (*a*) It checks menstruation. (*b*) It checks hemorrhage. (*c*) It checks the growth and atrophies myoma. (*d*) It elevates the uterus to a normal position. By a little practice on the cadaver one can soon acquire the technique of the operation. The plexus pampiniforms is especially large on the left side. To comprehend them one must dissect them several times after thorough infections. For some years I have dissected out the nerves of the uterus and have recently completed a life-sized chart of the sympathetic nerves. I carefully dissected the sympathetic nerves of a female body which I kept for six months in a can of alcohol. An artist worked daily under my personal supervision for one month to accurately sketch it. I find there is a large collection of nerve tissue near the cervix. This ganglion has been called the cervico-uterine ganglion, but I shall term it the pelvic brain. It is in general three-fourths of an inch long and one-half an inch wide. So far as I can observe all spinal nerves enter this ganglion before they go to the uterus, *i. e.*, the nerves become demedulated. However, it is disputed whether all nerves to the uterus are sympathetic.

The nerve supply to the uterus is very large. The body is almost entirely supplied by sympathetic nerves from the hypogastric plexus. the neck is supplied with both spinal and sympathetic. The best way to dissect the nerves of the uterus is to take a dead child of six months old and put it in pure alcohol for several weeks. The nerves of the child are much larger in proportion than those of adults; also alcohol contracts the cellular tissue and the nerves can be easily followed.

Physiology and Pathology of the Uterus.—The functions of the uterus are gestation and expulsion. The body of the uterus being supplied by sympathetic nerves it is a rhythmical organ. But the neck being supplied by spiral nerves it is not rhythmical, but quiet and still. The rhythmical uterus is always ready to expel its contents. But the sober neck is never prepared for expulsion except at term. In short the uterus is always ready for an abortion but the neck is never. The neck is

a guard to keep out intruders and keep in deserters. The sober neck is a sentinel to warn the uterus to still its turbulent motions. Hence the spinal nerve supply to the neck and the sympathetic nerve supply to the body create different functions for body and neck.

Abortion is unnatural. Labor is natural. The reason abortion is pathological is from lack of drainage. In abortion the neck is suddenly taken unawares. In order that the fetus may get out of the uterus the neck must be forced open with violence. In thus violently dilating the neck it is paralyzed and will remain wide open for several days. During this patulence of the neck infection enters the uterus. In a few days the os recovers from its paralysis and tightly closes its mouth and holds all infections inside the uterus, then the microbes multiply and the tubes become the sewers and the peritoneum the cess-pool. The woman with the abortion becomes infected and she often never recovers her juvenile step. It is not cellulitis, but salpingitis and peritonitis. The body and neck differ in (*a*) blood supply, (*b*) nerve supply, (*c*) amount of muscle and connective tissue, (*d*) in glands. The function of the body is rhythmical contraction. The function of the neck is that of a guard. The diseases of the body and neck differ. The body is subject to benign disease, the neck to malignant disease. The body of almost one-half of women sixty years old has fibroid tumors in it. Cancer occurs chiefly in the cervix of multipara. The endometritium is subject to to glandular inflamation and interstitial inflamation. Both glandular and interstitial endometritis may be typically shown under the microscope by sections taken from a genorrhoeal endometritis. The walls of the uterus become very thick at times—subinvolution. Some say it is due to chronic inflammation, others claim it is due to habitual hyperæmia. It would seem that habitual hyperæmia gives the best explanation of subinvolution. I have noted excessive connective tissue developed from chronic hyperæmia in cases which could not be called inflammatory, *e. g.*, I had a case of patent cardiac foramen ovale in which the finger-ends were developed about twice the size of normal. A good test of endometritis is to place a piece of cotton at the os over night and in the morning take it out. If pus is on it endometritis exists. A con-

genital uterus is found deficient at the puberty. A very frequent form is the infantile uterus which nearly always resists all treatment and is better left alone. I have found that the painful menstruation which is due to infantile uterus is practically incurable and the patient fares better in life with the appendages removed.

THE MEDICAL POLITICIAN.

By. Geo. J. Monroe, M. D. Louisville, Ky.

Perhaps I ought not select a subject of this kind for a communication to a Medical Journal; I do so because I believe at the present day, science and right prevail, and not charlatanry and humbugs, as so many calamity-howlers declare. No physician who is thoughtful and watches the times can conscientiously endorse the medical politician, who is the veriest, most subtle humbug of them all. I am sorry to say we are having altogether too many of this unsavory species just now in our country.

We call them medical politicians for a lack of a more appropriate name. Our national, state, country and city medical associations are to a great extent controlled by them. Many of the papers submitted and read, at medical conventions, emanate from their brains, for their own material ends, and are usually a rehash of material which has been before the medical profession for years. The author, as a matter of course, claims for them originality, but well informed physicians know they are not.

The country physician not having read the metropolitan journals where these ideas have first appeared, and who were not present when they first found voice, does not at once know they are plagiarized, hence gives the alleged author the credit of originality, and at the place and time is our medical politician with his cribbed wares looked upon as a great man in medicine. He will be sent for, this wonderful physician, in consultation, that his valuable opinion may be obtained. The great mogul arrives. His mouth is in constant motion, relating the great and wonderful things he has done in the practice of medicine. The

miracles he has performed in rescuing dying, and in healing the sick. He tries to convey the idea that there is but one god in medicine, and he that god. He does not even place himself on a par with Mahomet. Mahomet said "there is but one God, and Mahomet is his prophet." This Æsculapius claims he is second to none.

But my friends, after a long experience with country doctors, I am aware they are not easily deceived. The country physician usually has good sense and judgment. His country practice necessarily develops this. He exercises very critical observation. It does not take very long, therefore, for him to take the measure of the city doctor. He very quickly ascertains the fact that he is nothing more than a bag of wind, and how much he is inflated at that. He reads the "blow hard" at sight.

He seldom ever misjudges. When we set the country physician down as an ignoramus we are making a great mistake. Many of our best city doctors acquired their greatness in the country. If there is anything, in my opinion, which will bring out a physician's qualities and ability, it is practice in the country. For there a physician has to rely so much upon his own resources and inventions, that his practice necessarily developes latent qualities. How many of our great operations, which have resulted in saving thousands of human lives, have had their origin in the inventive genius of this country doctor, goaded by the absolute necessity of doing something on the spur of the moment to relieve patients from suffering? "Despise not the day of small things." A snow ball will accumulate more substance and size by being rolled. So will frequently country physicians accumulate more knowledge and ability by being pushed to meet an emergency for their patients. Another matter I wish to mention right here is the medical politician's claim to an adherence to the code of medical ethics. He girds at specialists and ofttimes at Homeopaths. Yet in spite of all this, if a Homeopath calls upon him to perform an operation, or assist in an operation, he does not hesitate to render his aid, always provided the patient to be treated has a good large bank account We have recently had an illustration in our city. A Homeopath had a case of ovarian disease of some kind. It was

decided that the ovaries had to be removed. He did not like to undertake the operation himself, and there being no Homeopath in the city who made a specialty of this class of operations, he applied to a well known "medical politician," a president of one of our medical colleges, who has let himself be known generally by forever declaiming at medical conventions and otherwise—his name, formerly, often appeared in the secular press—to assist him in the operation. The great man did assist the Homeopath. I do not fully understand how he could allow himself consistently to do this, yet I have noticed through life, that money will do most everything. I am not particularly blaming this great physician. I believe however, making the pretensions he does in regard to the code of medical ethics, he could not assist this Homeopath. We have a class of physicians to-day, whom I have called medical politicians, who by saying one thing and doing another, are actually bringing the medical profession into disrepute.

An effort is being made to elevate the standard of medicine. They block the way. Did they come out openly and above board, we might be able to fight fire with fire, but with their great black-mailing institution—the code—it is a hard matter to subdue them. Right will prevail I absolutely believe, and the day will come when we will be rid of these medical politicians, and their cover—the abused code of medical ethics.

A TONIC.

By E. E. Thomas, M. D., Horn Hill, Texas.

It is not my purpose in this short article, to enumerate all remedies classed as "tonics," as it would be both impossible and superfluous, but I shall endeavor to describe one tonic which frequently does me good service, and also, to describe the condition for which it is prescribed.

Patients frequently consult the physician on account of being "run down," "unfit for business" as they describe it; by questioning them, the physician will learn that they have been bothered by nausea, complaining of pains in divers places,

anorexia, constipation, insomnia, dull, occipital headache, a sense of tension in the eyeballs of mornings, the pulse may be weak and quick, or normal, respiration a little accelerated, but shallow, ideation is not as free as it should be, tongue exhibits a whitish or yellowish coat.

The class of patients I am dealing with now, are supposed to have no underlying organic disease, that the physician could accuse of causing the symptoms complained of, such as mitral insufficiency, womb disease, etc., but the symptoms depend entirely on functional inactivity, partial or complete, of the stomach, bowels, liver and the nervous system, each acting, and reacting upon each—each aggravating the very condition that caused it.

I find in my daily practice that the prescription given below is the corrective, *par excellence* of the condition described, as well as a valuable auxiliary to the treatment of all disease, organic or otherwise, characterized by general debility, viz:

R.	Tr. Quebrachonis	℥jv.
	Tr. Nucis Vomicae	℥v½.
	Tr. Ferri Muriatis	℥iiiss.
	Resinae Podophylii	gr xxxij
	Quininae Sulphatis	℥ss
	Acidi Sulphici Arom	℥ij
	Honey q. s. ad	℥viij M.

Label: Take two (2) tablespoonfuls three (3) times daily, immediately after meals

After the bowels have moved thoroughly, the dose may be lessened, but *three doses must be taken daily.*

I have not given this formula, thinking any physician will copy it, as it is, but, it is merely given as a *form*, hoping thereby to give some brother a suggestion that will render him some service, and if in this I should succeed, I shall feel well repaid for writing it.

I was interested by Dr. Brodnax's paper, "Chloroform—Some of its uses" in the Sept. No. of the JOURNAL. Another good way to produce counter-irritation with chloroform, is to pour a little of it in the palm of the hand, and instantly apply the hand to the part desired to be irritated. It will not hurt the hand, and acts quickly in relieving neuralgia, etc., when it is not desired to produce a blister.

FISTULÆ CURED WITHOUT CUTTING.

By J. W. Vance, M. D., Madison, Wis.

Philip Denu had suffered from a fistula for over fifteen years. He called on me for treatment last August. Upon examination I found a sinus extending two inches up the left side of the rectum with no internal opening. The external opening was about one inch from the anus. It had caused him a good deal of suffering, as it opened spontaneously or had to be lanced every two or three weeks. His employment as a driver of a team of horses rendered sitting on his wagon especially uncomfortable and inconvenient. He was exceedingly averse to a cutting operation and preferring to suffer on rather than submit to the knife. I concluded to try a method of treatment not set down in the books, being encouraged thereto by Dr. Andrews' remark in his excellent little work "Rectal and Anal Surgery." "The truth is," he says, "that anal fistulas have a natural tendency to recovery, and we are held back from it by two things:

First.—The unfavorable effect of the undrained septic fluids within the sac.

Second.—The tightness of the external opening, which prevents free drainage, and keeps the sac distended with putrid pus." I therefore decided to dilate the external opening and keep it open by inserting a drainage tube. Besides cleansing the sinus with hyd. pur. ox. I injected twenty or thirty drops camph. phinique daily. It healed from the bottom in about six weeks, the patient meanwhile continuing to drive his team about the city as usual. I had to shorten the tube every few days as the sinus closed upon it. It took about six weeks to complete the cure. No doubt many patients are grateful that fistula can be cured, at least some of the simpler variety, without the use of the knife

Dr. Andrews says further that among the thousands of patients subjected to cutting operations by surgeons for fistula, there are many who might be cured by milder means. I have cured a score or more cases of fistula by the elastic ligature, the technique of which I will give in another short article at a later day.

Clinical Reports.

The Louisville Medico-Chirurgical Society. Stenographically reported by C. C. Mapes.

TUBERCULOSIS.

A Paper by Cornelius Skinner, M. D.

In selecting the disease, consumption, for the subject of this short essay, I will state in the beginning that there will be no claim made for anything new, either in its pathology or treatment, but will confine myself to a few facts as they stand before us to-day, hoping that the mere presentation of them will elicit from each and every one present, whether he be general practitioner or specialist, his views and opinion regarding the prevention of a disease which the whole profession regards as incurable.

The following instructive statistics, carefully prepared, represent the comparative mortality arising from various diseases in this city (Louisville) during seventeen years.

Date.	Total.	Consumption.	Typhoid Fever.	Diphtheria.	Scarlet Fever.	Cholera.	Small-pox. Cas died.	Per Cent.
1868	2,373	304	43	13	84	1	26—4	12
1875	2,580	329	74	28	63		15	13
1876	2,775	494	46	21	169	1	26	14
1877	1,989	299	44	11	24		60	15
1878	2,221	388	59	27	9	62 } x	26	17½
1879	2,410	422	75	52	25	4 }		13
1880	2,590	416	81	17	31			16
1881	Not at home.							
1882	No report.							
1883	1,957	398	58	8	6		141	20
1884	2,851	475	155	35	41		32	16½
1885	No report; change in fiscal year.							
1886	2,722	490	117	51	9			18
1887	2,862	458	120	129	5			16
1888	3,101	475	133	58	9			15
1889	3,192	435	144	35	9			13
1890	3,161	423	142	53	22			13
1891	3,087	428	130	101	31			14
1892	3,384	365	116	102	14			18
1893	3,166	405	135	37	6			12
	46,421	6,879	1,672	778	598	2–66	304	15 aver'ge

x Yellow fever.

Time, the healer of all wounds, and familiarity the breeder of contempt, have combined to make us disregard those effects which we have been taught to look upon as a matter of course, and 'tis only after the monster has come closer than has been his habit and plucked one of our own loved ones from the family circle, that we recognize him as our common enemy.

Have you ever thought of the vast number of deaths from consumption, that occur annually in this beautiful city of which we are so fond, and to which our officers often refer as the most healthful city in the land?

Looking backward through historic pages we can find whole nations paralyzed by the visitation of diseases which killed only eight or ten per cent. of all who died, and in this day of progressive medicine, let it even be hinted that cholera is on our shores, a disease that kills only fifty or sixty per cent. of its victims, and immediately every gate is closed to our persons and even our mail is interdicted. One case of small-pox is sufficient to demoralize the whole city, fill our newspapers and run off every mercantile customer; and yet consumption with its pale face, sunken cheek, gaunt limb and hollow cough, is allowed with perfect freedom to walk our streets, go in and out of every public place, sit, eat and sleep by our side, and claim as its reward our wives, husbands, fathers, mothers and children by the hundreds; and yet both the public and medical press cry shame, when it is proposed to protect the *well* people.

Let us draw a few comparisons and deduce from logical thought a plan, if possible, that will rid us of this terrible germ the "bacillus tuberculosis." In speaking of small-pox in the seventeenth century, Curschmann in Ziemssen says, "in Europe as in other countries small-pox continued one of the greatest scourges of mankind; not a decade passed in which it did not decimate the inhabitants in one country or another, so that it came to be more dreaded than the plague. In England in the seventeenth and eighteenth centuries seven to nine per cent. of all deaths were attributable to small-pox. No matter how assiduously physicians labored to discover a method of treatment, none of them accomplished a result worthy of mention."

What but isolation of the infected sick and vaccination of the well has stamped out this scourge? From 1884 to 1894 there has been one case of small-pox in our city, and during the same period 4,053 have died from consumption, and again turning to our Health Office report for the past fifteen years, taking the three diseases that the people most dread, viz.: typhoid, scarlet fever and diphtheria, the deaths from all combined foot up 3,048, while consumption gives us a death list of 6,575—more than two to one. Who will say that it is not by prevention that typhoid and scarlet fevers, diphtheria and small-pox have been so reduced? Is it, therefore, claiming too much when we say that the same results may be expected when the profession and public turn their attention to consumption, and demand of its subjects the observance of every hygienic law, even to permanent isolation?

In some places the percentage of deaths from consumption has been placed as high as twenty-five per cent; so taking the low estimate of deaths in Louisville—fourteen to one thousand—which is a safe estimate, its fifteen per cent. of deaths from consumption, and making a calculation for the United States, we lose of this disease alone 136,500 persons annually. In order that good results may follow our efforts in stamping out tuberculosis, we must have the co-operation of the general public, and before that can be gotten, the people must be taught three great facts regarding it.

First.—That tuberculosis as a rule is not inherited.

Second.—That it is positively contagious.

Third.—The conditions that make it so and under which it may be required.

When this has been accomplished the battle will be won. Asylums for the care of all such cases will be built, and universally patronized; then, and not till then, will we be enabled to appreciate the following from Nicholas Nickelby: "Smike died of tuberculosis," and the great Dickens thus describes the scene with which we are all familiar:

"There is a dread disease which so prepared its victim as it were for death, which so refined it of its grosser aspect, and throws around familiar looks unearthly indications of the coming

change, a dread disease in which the struggle between the soul and body is so gradual, quiet and solemn, and the result so sure, that day by day, and grain by grain, the mortal part wastes and withers away, so that the spirit grows light and sanguine with its lightening load, and feeling immortality at hand, deems it but a new term of mortal life, a disease in which death and life are so strangely blended that death takes the glow and hue of life, and life the gaunt and grisly form of death, a disease which medicine never cured, wealth never warded off, or poverty could boast exception from, which sometimes moves in giant strides and sometimes at a tardy, sluggish pace, but slow or quick is ever sure and certain."

DISCUSSION.

Dr. J. A. Larrabee:—I am very glad indeed to see a little statistical work springing up in this society. I regard such statistical reports as of the greatest importance, and know that Dr. Skinner has experienced no little difficulty in securing the information.

In regard to the contagiousness of consumption, as that point is under discussion, we know little more than the fact that this is the case—that it is communicable has long since been thoroughly demonstrated, but just the *modus operandi* of such contagion we are not able to explain. It is no new thing, because it is mentioned in the old histories written hundreds of years ago. We may read away back during the time of the siege of Naples where the King ordered that all houses where consumptives lived burned, etc., because of the contagiousness of tuberculosis; long before Prof. Koch discovered his bacillus.

The Brompton Hospital has been the hospital of consumptives for eighty years. In the history of this hospital for consumption alone, under the management of Dr. Williams, it is stated that there is not an interne, nurse, or those who cleanse the walls, cuspidors, etc., and those who have the most dusty part of the work to do in that institution, that not one of these has ever contracted the disease. So that there must be a manner of contagion different from what we usually consider in connection with other diseases. Of course we are all familiar with consumption in private families where one case follows after another, but as I say the means of communication from one to the other is far from being settled. While the most generally accepted theory is that the sputa dries and is carried through the air, yet I believe there may be other means of contagion. For instance it is my opinion that the disease may be communicated from the mouth of the consumptive. If one case of consumption is more contagious than another, I believe it is the one where the disease is situated above the glottis. Take a case of laryngeal phthisis, the specialist in treating such a case, in making local applications to such a tuberculous throat, working right in the face of the patient, it would be reasonable to suppose that they would be very liable to infection, but we have no evidences to bear out such a theory. We do not understand exactly in just what manner the disease is communicable.

Recently a great deal of light has been thrown upon the spread of consumption by such investigations. I believe we are now on the right track, and that tuberculosis is oftener spread from the source of cattle or milk than by any other means.

Dr. J. W. Irwin:—I was very much interested and entertained by the admirable paper read by Dr. Skinner. He shows in one place that the rate of consumption is

increasing steadily, but at the same time he might have gone a little further and stated that the rate of population is also steadily increasing. However, the highest mortality he gives from consumption was in 1876, 494; the next highest was in 1886 which was 490; between those dates the number did not reach so high nor has the death rate been so high since. This taken in connection with our increased population would hardly bear out the statement concerning the increase of consumption here. If you will go back over the statistics for the past seventeen years, which the essayist has very carefully collected, you will find on the average that consumption has gone on at a steady ratio to the population without being influenced by any cause whatsoever. Now such a sourse as that seems very significant; it would seem that whatever the course of contagion may be, that a certain number of people will take the disease in every community under certain conditions, whether they inherit it or whether they contract it, or both, is not clear. For myself I believe that it is contracted, and I believe also that those who do contract it have an inherited predisposition.

This is a very large question that the doctor has brought up, and one that interests every person who has anything to do with consumption or with disease in general. When we look into the statistics that we see in medical journals, based on hospital reports where consumption is treated exclusively in certain wards or in certain parts of hospitals, we find that the doctors and nurses in charge are no more liable to take the disease than those who pay occasional visits to the institutions. This goes to prove one very important point which is that the greatest danger of contagion lies in closer contact with the consumptive. We have very well-established data to show that the husband or wife take the disease oftener from each other than from any other source so far as we can observe the effect of contagion. Whether we can take it through the vegetables we eat, the milk we drink, or just how the disease is brought about in some cases is quite another thing.

I believe statistics will prove that the proportion of cases of consumption show up fairly well to the number of people within a given area, so that there may be something after all beyond this matter of contagion which we do not understand. I think, however, that the milk investigation may throw some light on a certain proportion of the cases, but I do not think that this source is such a great bug-bear as has been suggested or made to appear.

As before intimated I believe that in the majority of cases there is an inherited predisposition; that there are numbers of people who could not take consumption; and that there are others who can take it under certain conditions.

Prof. Formad some years ago made a few observations on the tissues of persons known to be strumous or having a predisposition to consumption, and found that in those cases the microscope revealed a narrowing of the lymph spaces. These were the persons he regarded as being most likely to take the disease when brought into close contact with it. Close contact with the warm, moist air coming from the lungs of a person affected with consumption is certainly a greater factor in producing the disease than anything else, and the observation of most of us will bear out this view, but the whole subject under investigation is in its incipiency and it is too soon to predict just what the facts will be when they are found out.

If the essayist had given the populatiou of the city yearly in connection with the mortality from consumption, then we would have had a clearer idea of whether or not the disease was on the increase out of proportion to the number of people within a given area. The general indications go to show that this is not the case.

Dr. F. C. Wilson:—There is no doubt in my mind as to the communicability of phthisis, and no doubt as to variation in the susceptibility of patients. Two persons may be exposed to the same conditions and one will take the disease while the other

will not. This difference may perhaps be explained by the inherited tendencies of the individual. Persons no doubt inherit certain susceptibilities which make them amenable to conditions that would produce the disease; others who perhaps failed to inherit these susceptibilities would not succumb to the same conditions.

As to the communicability: My own experience is that I can look back over scores of cases where one has contracted the disease from close attendance upon the other. I can recall during my service in the Louisville City Hospital that cases have been brought into the medical wards suffering from other diseases, and those patients have contracted tuberculosis, I have very little doubt, from simple residence in an atmosphere contaminated by other patients having the disease.

This brings up the question as to the way in which the disease is communicated to the well, or to those exposed. The essential element we all admit now is the bacillus, and it is possible that it may be conveyed in various ways. I think our greatest neglect now in dealing with tuberculosis patients is in the care of the expectoration. All of us have seen in our contact with this disease the great want of care in destruction of the expectoration of the patient. It has been estimated that several millions of germs are given off from every well developed tuberculous case in the twenty-four hours; enough germs perhaps to infect every citizen of Louisville from a single case. When we contemplate this, it is enough to make our blood run cold to see the want of care exercised in the destruction of the expectoration. We see a tuberculous patient go along the street—in walking ten squares he will probably cough ten times, each time depositing on the pavement a mouthful of sputum, which contains thousands of bacilli. This dries and is taken up by the atmosphere, the air becoming polluted with these thousands of germs. You go into the patient's room, and if he is not of very cleanly habits, you find the whole floor soiled with sputum expectorated by him. You perhaps find a newspaper spread out on the floor with spots here and there of sputum which has become dry. The next day perhaps you will find that the room has been swept and dusted, without the windows having been opened, and the relatives of the patient or inmates of the house are exposed to the germ-laden dust. In the City Hospital you will find that no care is given the sputum of tuberculous patients. I am not very familiar with the way in which the Hospital is conducted the last few years, there may have been an improvement in this direction, but several years ago when I was connected with the staff absolutely no care was given the expectoration of phthisical patients. In this way every one brought into the Hospital comes into contact with this atmosphere laden with particles of dried sputum, and if there is any susceptibility on part of the patient some of the germs may find a lodging place in the air passages and develop and produce typical cases of consumption. The germs may be taken into the system through other channels—through the milk and meat of tuberculous cattle, etc. Further I firmly believe that the disease may be communicated through the medium of chickens. We know that a chicken will eat anything. In visits to the country I have often seen a tuberculous patient expectorate a mass upon the ground and a half dozen chickens immediately rush to feed upon it. Now we must admit that there is a possibility of the bacilli being distributed to the human family by this means.

The profession at large ought to try and educate the people concerning better care and better protection for the well against infection from this disease, and ought to insist upon proper care and proper destruction of the sputum from these patients. When we recollect that such enormous numbers of the bacilli are thrown off from every patient in the twenty-four hours, the aspect becomes appalling. By proper care the greater part of the sputum might be destroyed. I believe the best way of accomplishing this is by burning it.

Dr. J. A. Larrabee:—No one will stand in the light at the present time as to the bacillus tuberculosis being the *fons et origo mali* of consumption, and there may be something in the manner of infection through chickens as suggested by Prof. Wilson. We all know the dangers of spreading diphtheria through chickens. We cannot take a chicken with diphtheria and bring him into the house and allow the children to play with it without communicating diphtheria to those children. We know that this has occurred time and again, but there does not seem to be any direct evidence that tuberculosis has been communicated in this way. I do not think we can yet say positively in what way the disease is communicated, but it has been proven that the bacillus is a separate and distinct organism from that of other diseases. If you go into a room where there is consumption, you are in no danger of contracting the disease as would be the case in scarlet fever, or small-pox. So it cannot be said that the same order of contagion produces one that produces the other. Further, is it not a fact that we can produce tuberculosis at any time by a system of starvation? For instance, a few years ago a man in perfect health was doomed to the penitentiary for life. He died a few days ago from an undoubted case of tuberculosis which had developed since his incarceration. It would seem that by want of sunlight, want of proper air, the respiration of the hot atmosphere, or by starvation that you can produce consumption. I am not here to deny the presence or the germ in these cases, but in considering the etiology and etiological factors, *we must remember that we can produce tuberculosis at any time by bad hygienic surroundings, bad living, etc., germ or no germ.*

Dr. W. L. Rodman:—The statistics presented by Dr. Skinner in his excellent paper are very astounding, and would have been more so had the cases of surgical tuberculosis been included. It has only been within the last few years that we have learned to appreciate the importance of tubercle bacilli in the production of surgical affections. If we were to take all deaths resulting from tuberculous glands, chronic abscesses, diseased joints, diseased bones, tuberculous kidneys, etc., the mortality would even be greater than it now seems to be.

Dr. Larrabee is certainly correct in stating that one of the most important points in connection with the spread of this disease, and probably one of the most prolific sources of communication, is through infected milk and meat. Already in the East they are paying a great deal of attention to this. The only thing that has prevented their bringing about the most practical results thus far, is the fact that there is no legislation on the subject and people cannot be made to realize the importance of such steps being taken as the bacteriologist, or rather the pathologist indicates; for not only should the sale of infected milk be prohibited, but the cattle should be killed. This cannot be done because there is no way of securing indemnity to the owner. Until this can be done, we will go on drinking tuberculous milk and eating tuberculous meat. When this is accomplished, and I think it will be done within the next twenty-five years, every city like Louisville will have a competent man, who shall have authority and whose duty it shall be to stop the sale of infected milk and meat. When this occurs, we will have far less tuberculosis than we have now.

Dr. T. L. McDermott:—There are certain communities in which people eat comparatively little meat, their diet being largely vegetable. Has anybody any information as to whether the inhabitants of such localities suffer with consumption in a less percentage than meat eaters? I have never seen any statistics bearing upon the subject.

Dr. J. W. Irwin:—The question asked by Dr. McDermott is one of great importance. I am very glad the subject has been mentioned in the discussion, especially as meat-eating has been and is regarded as such a prolific source of communication of this terrible disease—consumption. In Ireland I venture to say that three-fourths of

the people do not eat meat oftener than once or twice a year. They live on milk, Indian meal made into mush, bread, oatmeal and Irish potatoes. I do not believe that the tubercle bacillus has ever been found in the native Irish potatoes, at least I have never seen an account of such a thing. Among that class of people, as among the citizens of this country, consumption seems to be the prevailing trouble. Another point to be considered in this connection is that consumption is as prevalent or more so among the rich than among the poor. Take for instance the recent statistics compiled in Washington showing the death rate from tuberculosis in the various large cities of the East, especially New York City, I think you will find that in the poor quarters of New York the people are just as healthy, and there are just as few deaths, or even fewer, from natural causes than in the rich quarters. I believe further you will find that the rich suffer from consumption as compared with the poorer classes in more than equal proportion. These facts bear out the statement that so far as the contagion of consumption is concerned, there is one point of information we have gained, that is, the closer the contact the more certain the contagion.

Dr. T. L. McDermott:—Why is it that a man after the age of forty years is practically immune from consumption?

Dr. C. Skinner:—If a man lives to be forty years of age without contracting consumption, I think it is pretty well demonstrated that he will never take the disease. It is a fact that the majority of deaths occur under the age of one year, and if a man runs the gauntlet up to forty he is not thrown with these cases as much as when younger. In some cases young children are crowded together four or five in a bed, and the danger of contagion becomes very great.

Dr. Larrabee speaks of *Hospital attention for consumptives:* I fully believe that this is the best way to treat such cases. It may seem a little radical, and of course will appear so to the people at large, but if we want to stamp out consumption, we should put these cases in a properly equipped hospital, it makes no difference who the patient is. If I had consumption it seems to me that I would want to be taken to some hospital and treated there, for my own comfort and for the protection of the family. I deem it much safer for a well man to be in a well-regulated consumptive hospital than on the streets. There can be no doubt about the fact that these germs are communicable by the sputa drying and floating in the atmosphere, and under certain conditions they will develop; but in a well-appointed hospital contamination is lessened. In such an institution we can count upon everything being asceptic, free of germ, suppuration, etc., all germs are destroyed and the spread of the disease would be much less likely. Patients are not allowed to spit on the floor, cuspidors are provided, and everything used by the patients is carefully cleansed so as to avoid the possibility of contagion.

In regard to the *inheritance of consumption:* I think we oftentimes mislead, especially the people, in the idea of inheritance. For instance, we attend a family in which the parents, one or both have consumption; several children are born in the family and later they develop consumption. Now the parents may live in a chronic condition of tuberculosis for years, and healthy children may be born at regular intervals and the children begin to die of consumption; we are apt to say they inherited the disease. that they had consumption at birth, but in all instances I believe the disease is *acquired.* These children are born in an atmosphere loaded with tuberculous germs; the parent expectorates about the house, the sputum becomes dry and floats in the air, and the children as a matter of course take the disease.

I remember one family in particular who lived near the place where I was born and raised. There was a family of nine children; father dead, mother still living. Five of those children have died of tuberculosis; they died within a period of two years. Two of the children were early separated from the rest of the family, moved away

from the neighborhood, and have never developed consumption. Now in that family there was no tuberculous history anywhere, the first case that occurred being one of the children. An investigation as to the cause revealed the fact that the father for a long time was a short-horn fancier; it was in the days of the short-horn craze. One girl was very fond of being out in the stable where the cattle were kept, and was always anxious to assist in caring for them. She was the first one to die from consumption. Within a year afterward two others died; then during the next year two more, making total of five deaths in the family from consumption within two years. I merely mention these facts as indicating that the tuberculous disease may have started first from the cattle.

Dr. Rodman spoke of *surgical tuberculosis:* A great many cases where death was attributed to abscess were absolutely tuberculous. An ordinary abscess will not kill. I do not believe we have given the matter of surgical tuberculous diseases the attention that we should.

Care of the sputum: I think that this is the whole thing in a nut-shell. One case of consumption will produce another. I take the position that *it cannot originate de novo.* But of course we must admit that some persons are more *susceptible* to the infection than others; a man may be run down in health and be in a condition to receive any kind of a disease before he has knowledge of it. His nervous energy will keep him though he may be in a condition from a histological standpoint for the reception of any disease, and particularly that of consumption. Starvation and overwork are prolific disease producers. Prevention lies in the province of the people. The time will never come for stamping out the disease until some definite action is taken by the people at large. We might take the matter before the Legislature, and they would cry it down every time. Doctors as a class cannot introduce anything of this kind and have it brought prominently before the people as has been done in the case of some other diseases. For instance, consider the legislative action that has been taken in regard to typhoid fever, diphtheria, etc., but never has a word been said by the board of health concerning tuberculosis. Of course one man cannot accomplish very much in this direction. I think though that the time will come when the profession of the city, or members of this Society if you please, will prepare something of a creditable nature for general publication for the benefit of the people in regard to the contagiousness of consumption, not to go out over any one doctor's name, but as a product of the city to educate the people in this matter. We all recognize the need of something of this kind, and I believe it should be done.

REDUCING THE POPULTION.—*Superintendent.*—"The poor-house is overcrowded.

Deacon Grim.—"I wondered why taxes was so high. I s'pose it wouldn't do to kill any of 'em, would it?"

"Of course not."

"No; come to think, guess it wouldn't; but I'll tell you what to do. Get 'em to discussing 'Is Suicide a Sin?' Then leave the doors unlocked, so them what goes crazy can get to the river."

WITHOUT WITNESSES.

DR. HALIFAX.

IN the October of 1890 I went to pay a short visit to my friends, the Brabazons, of Penporran, in Cornwall. I could only spare a week out of town, and looked forward to my visit with the pleasure which a busy man must feel when he can relax his labours for a short time.

Brabazon was an old college friend, and on the first evening of my stay we had many memories to revive and many friends to talk over. We sat until the small hours in his smoking-room, and it was early morning before we retired to bed. Just as I was leaving the room, he said to me:—

"By the way, you will find some disturbing elements at work here. I know you are fond of attributing everything to some psychological cause. I wonder what you will say to the love affairs of Randall, Carleton, and Miss Farnham."

I naturally asked what my host meant.

"Randall and Carleton are both desperately in love with the same girl," he replied. "Did you not notice the state of affairs this evening at dinner?"

"I naturally noticed Miss Farnham," I answered at once. "It would be difficult not to be attracted by so striking a personality."

"Barbara Farnham is, without exception, the most dangerous girl of my acquaintance," replied Brabazon, with a slight laugh.

"Before her advent on the scene, Randall and Carleton were the best possible friends. Now they are at daggers drawn."

"I confess I did not particularly observe them," I answered.

"Oh, they are just ordinary good young fellows," replied Brabazon. "I am sorry for Carleton, of course, for I don't think he has the ghost of of a chance with Miss Farnham. He is not particularly good-looking, and he has the misfortune to be poor. Randall is a handsome lad, and has considerable expectations. His father is Lord Hartmore—but the fact is, I don't think the girl means to marry either of them—she is simply playing one against the other for her own ends. She is a handsome witch, and a dangerous one. She plays as carelessly with edged tools—as carelessly and unconcernedly as a baby would with its rattle."

I said nothing further. Brabazon conducted me to my room, and wished me good-night. I sat down by the fire, and thought in an idle manner over the events of the evening. There was a large house party at Penporran. Shooting was going on vigorously, and cub hunting had begun. Some of the guests were acquaintances of mine. In short, I looked forward to a pleasant week in this genial house. As I laid my head on my pillow I thought again, but without any specially keen interest, of Brabazon's story about the disturbing elements which were now agitating the air of this otherwise peaceful mansion.

Two young men were in love with the same girl. Surely the situation was a very ordinary one. Such a complication happened daily.

I wondered why Brabazon should have troubled himself to mention such an ordinary event, but as I was dropping off to sleep, I saw rising up before me, in my mind's eye, the proud, beautiful face of Barbara Farnham, and a kind of intuition told me that these commonplace incidents might assume the form of tragedy in her cruel and careless hands.

I dreamt of Miss Farnham that night, and came down to breakfast the next morning with my curiosity aroused about her.

She was in the room when I entered, and was idly helping herself to a cup of coffee, which she carried to a distant window where a small table was also laid for breakfast. She sat down, and, sipping it leisurely, looked around her with a careless glance. Her eyes fell on me—she smiled and motioned to me to approach.

"Pray bring your breakfast to this table," she said, in a light tone. "I was immensely interested in you when I heard you were coming. I adore doctors, particularly if they are clever. Are you going to ride this morning?"

I answered in the affirmative, and asked her if she was fond of horses.

"Fond?" she replied, a flash of added warmth lighting up her peculiar red-brown eyes. "I am going to whisper a secret to you—I never could compare horses and human beings. I consider the horse the infinitely nobler creature of the two."

I laughed and we entered into an animated conversation.

While we were talking, Carleton came into the room. He was a squarely built young man, with deeply set dark eyes, and a determined chin and mouth. His figure was slightly above the middle height; he was extremely spare, but had good shoulders and was well set up. As soon as ever he appeared in sight, Miss Farnham, by an almost imperceptible movement, slightly turned her back to him and her talk with me became even more animated and full of wit than before. Her gay, light laugh must have reached Carleton, who came straight across the room to her side.

"You are in your favourite seat," he said.

"Yes," she replied, "and Dr. Halifax is having breakfast with me"

Then she turned to continue her conversation with me, while Carleton stood perfectly erect and silent by her side.

"Why don't you eat something?" she said to him, presently.

"There is time enough," he answered.

Finding he would not go away she tried to draw him into conversation, but he was evidently not in the humour to make himself agreeable. His answers were confined to monosyllables, and to some of Miss Farnham's remarks he did not reply at all.

I confess that I began to think him an unmitigated bore.

A change was, however, quickly to take place in the situation—Randall, the other lover, appeared on the scene, and his coming acted like a flash of sunshine. He was a gay, handsome, debonair-looking young fellow. He had good teeth, good eyes, a genial smile, a hearty manner. His voice was musical, and he knew well how to use it. He nodded carelessly to one or two acquaintances when he entered the room, and then came straight to Miss Farnham's table.

She shook hands with him, and he nodded a cheerful good morning to Carleton and me.

"That is right," he said, smiling brightly at the handsome girl; "you promised to reserve a seat for me at this table, and I see you have kept your word. Have you done breakfast, Carleton?"

"I had something an hour ago," replied Carleton.

Randall went to a sideboard to help himself to a generous portion of a dish which was being kept hot with a spirit lamp. On his return our conversation became gayer and more lively than ever.

I must confess that I saw nothing to object to in Miss Farnham's manners. I could not imagine why Brabazon spoke of her as a dangerous witch. She tried to be polite to both men—or rather, she was polite without effort, but there was not a trace of the flippant in her manner or bearing. Her beauty was undoubtedly of a remarkable order.

We had nearly finished breakfast, when I was startled by seeing Randall suddenly press his hand to his eyes, and turn so white that I thought he was going to lose consciousness. He recovered himself almost immediately, however, and so completely, that no one else remarked the circumstance. Miss Farnham rose from the breakfast-table.

"I am going to ride with you, Dr. Halifax," she said, nodding brightly to me. "I shall come downstairs in my habit in half an hour."

She was crossing the room to some of the other guests when Carleton came up to her.

"I want to say something to you," he said—"can we go to some room where we shall be quite undisturbed?"

His words were distinctly audible, not only to me, but to several other people in the room.

Randall in particular heard them, and I could see that he was waiting anxiously for the reply.

"I want to ride this morning - I have no time for private confidences," replied Miss Farnham, in a distinctly vexed tone.

"I won't keep you long," replied Carleton—"what I have to say is of great importance, at least to me."

"I will give you ten minutes after lunch; will that suffice?"

"Five minutes now will do better. I am very much in earnest when I make this request."

"Very well," said Miss Farnham, in a light tone; "important people generally have their way. Come into the observatory—there is a rose there on which I have set my heart; it is too high for me to reach."

She left the room as she spoke and Carleton quickly followed her. As they disappeared, I noticed more than one guest looking significantly after them. Carleton's pluck was distinctly approved of—I could see that by the expression on some of the ladies' faces—and one, as she passed close to Randall's side, was heard to murmur, audibly:—

"Faint heart never won fair lady."

Randall came up to me and asked me to join him in a smoke on the balcony. As we walked up and down, he talked cheerfully, and, whatever anxiety he may inwardly have felt, was careful not to betray a trace of it.

In less than half an hour Miss

Farnham joined us. She was in a dark brown riding-habit, which toned perfectly with her rich and peculiar colouring. Her spirits were gay, not to say wild, and the warm, creamy whiteness of her face seemed to glow now as if with hidden fire.

"Are you not ready for your ride?" she said, looking at me with a certain reproach. "The horses will be round in less than ten minutes. It is a splendid morning for a gallop. You are coming, too?" she added turning suddenly to Randall.

"I only waited for you to invite me," he said. "Of course I shall come, with pleasure. But I thought," he added, in a low tone, coming close to her side as he spoke, "that you arranged to ride with Ronald Carleton this morning?"

"That is off," she replied, in a light tone. "Mr. Carleton has, I believe, another engagement."

The balcony on which we were walking led round to one of the entrances to the house; at this moment a groom was seen leading a smart mare up to the door, and at the same instant Carleton ran down the steps, and sprang lightly into the saddle.

"Where are you off to?" exclaimed Randall, bending out of the balcony to speak to him. "Miss Farnham, Dr. Halifax, and I are all going out immediately. Won't you join us?"

"Not this morning, I think," said Carleton, constraint in his tone. He gathered up the reins, and the mare began to prance about.

"You are holding her too much on the curb," exclaimed Randall.

"Thanks, I think I know what I'm about," replied Carleton, with evident temper. "Quiet, you brute, quiet," he continued, vainly endeavoring to restrain the movements of the impatient animal.

"I tell you, that mare won't stand the curb," shouted Randall. "Give her her head, and she'll do anything you ask her. I know, for I've often ridden her."

"When I require a riding lesson from you, I'll inform you of the fact," answered Carleton, in a sulky voice, which was rendered almost ridiculous by the frantic movements of the mare, now thoroughly upset.

Miss Farnham, who had been standing in the background, came up at this juncture, and took her place conspicuously by Randall's side.

"Mr. Randall is right and you are wrong," she exclaimed. "It is absolutely cruel to ride that mare on the curb."

Carleton looked up with a scowl, which anything but improved him. He would not even glance at Miss Farnham, but his eyes flashed an angry fire at his more fortunate rival.

"Of course Randall is right," he exclaimed. "All the odds are in his favor."

"Nonsense," retorted Randall, with heat.

"Come, come, gentlemen, pray don't quarrel on this lovely morning," said Miss Farnham. "Mr. Carleton, I wish you a pleasant ride."

She left the balcony as she spoke, and Randall and I immediately followed her example.

We had a splendid ride over an extensive moorland country, and returned to lunch in excellent spirits and in high good humor with each other. Carleton had not yet come back, but his absence did not seem to depress anyone, certainly not Miss Farnham, whose bright eyes and gay, animated manner made her the life of the party. Randall was radiant in the sunshine of her presence. She was confidential and almost affectionate in her manner to him; and he undoubtedly looked, and was, at his best.

I could not help cordially liking him, and thinking that the pair were

well matched. Notwithstanding Brabazon's words of the night before, I had no doubt that Miss Farnham was sincerely attached to Randall, and would tell him so presently.

I spent the greater part of the afternoon alone with my host, and did not see the rest of the guests until we met at dinner. Carleton had then returned. He sat between a red haired girl and a very fat old lady, and looked as *distrait* and bored as man well could. Randall, on the other hand, was in his best form. His clothes set well on him. He was, undoubtedly, a handsome, striking looking man.

I can not describe Miss Farnham's dress. It was ethereal in texture, and suited her well. She was not seated in the neighborhood of either Randall or Carleton, but once or twice I noticed that her eyes wandered down to their part of the table. For some reason she was not in such high spirits as she had been in the early part of the day. My neighbor, a quiet, middle-aged spinster, began suddenly to talk to me about her.

"I see you are interested in Barbara Farnham," she began. "I am not the least surprised—you but follow the example of all the other men who know her."

"Miss Farnham is a very beautiful girl," I replied.

Miss Derrick gave a short sigh.

"Yes," she replied, "Barbara has a beautiful face. She is a fine creature, too, although, of course, terribly spoilt."

"Have you known her long?" I asked.

"Yes; since she was a child. Of course, you must notice, Dr. Halifax, the state of matters. Barbara's conduct is more or less the talk of the whole house. I presume from his manner that poor Mr. Carleton's chances of success are quite over, and for my part I am sorry. He is not rich, but he is a good fellow—he is devotedly attached to Barbara, and his abilities are quite above the average. Yes, I am sorry for Mr. Carleton. Barbara might have done worse than return his affection."

I did not feel inclined to pursue the subject any further with this somewhat garrulous lady. After a pause, I remarked:

"Miss Farnham looks tired, and does not seem in her usual spirits."

Miss Derrick shrugged her thin shoulders.

"What else can you expect?" she answered. "Barbara is a creature of moods. She was quite *exaltée* all the morning; now she will be correspondingly dull until a fresh wave of excitement raises her spirits."

At this moment the signal for the ladies to withdraw was given. After their departure, Carleton and Randall found themselves sitting close together. I noticed that neither man spoke to the other, and also observed that after a time Carleton deliberately changed his seat for one at a distant part of the table.

An hour and more later when neither Carleton nor Randall appeared in the drawing room, I glanced towards Miss Farnham. She was standing near the piano, idly playing with a large feather fan. I thought I read both solicitude and expectation in her eyes.

The funny man was trolling out a sea-song to which a lively chorus was attached. Brabazon came up and touched my arm.

"When that is over," he said, in a low voice, "I will ask Barbara Farnham to sing."

"Can she sing?" I asked.

"Can she!" he reiterated. "Yes, she sings," he replied, emphatically. "Wait—you will hear her in a moment. Her voice is the most absolutely sympathetic I have ever listened to."

Soon afterwards Miss Farnham went to the piano. She played her own accompaniment. One grand sweep her hands seem to take of the

instrument as if they meant to embrace it, and then a voice, high, full, sweet, magnificent in its volume of melody, rose on the air and seemed to fill the room.

Brabazon was right. Barbara Farnham could sing. As the words fell from her lips, there was no other sound in the listening room.

As she finished there was a noise and sense of confusion in the outer drawing room. People stood back to make way for someone, and hurrying steps came quickly towards the piano.

Miss Farnham sprang to her feet, the last notes of the song arrested on her lips.

Carleton, an overcoat covering his evening dress, his hair dishevelled, his eyes wild, had come hastily to her side.

"You will think that I have killed him, Barbara; but, before God, it is not true!" he said in a hoarse whisper—then he grasped my arm.

"Come, I want you," he said, and he dragged me, as if he were a young fury, out of the room.

"What, in the name of Heaven, is the matter?" I asked of him when we found ourselves in the hall.

"Randall has fallen over the cliff down by Porran's field," he gasped. "I have found the—the body. Oh! no, no, what am I saying? Not the body yet—not a body when I left it—it breathed—it just breathed when I left. I tried to drag it up here, but it was too heavy. Come at once for the love of Heaven"

Other people had followed us out of the drawing-room. I encountered a glance of fire from Miss Farnham's dark eyes - her face was like death itself. Brabazon, in a tone full of authority, as befitted the Lost, began to speak.

"Come!" he said. "Accident or no, there is not a moment to be lost in trying to help the poor fellow. You will lead us to the spot at once, Carleton. Come, Halifax; what a blessing that you happen to be on the spot!"

"Get some brandy and something which we can improvise into a litter or shutter," I exclaimed. "I am going to my room to fetch my surgical case."

I ran upstairs. A moment or two later we were on our way to the scene of the accident. Every man of the party accompanied us, and several of the ladies. The foremost of the group was Miss Farnham herself. She had hastily flung a shawl over her head, and the train of her rich dinner dress was slung across her arm. She looked at Carleton, and with a peremptory gesture seemed to invite him to come to her side. He did so, and they rushed on—too quickly for many of the rest of the party to keep up with them.

It was a bright, moonlight night, and we had scarcely any need of the lantern which Brabazon was thoughtful enough to bring with him. We had to go some distance to reach the spot where poor Randall was lying, but by and-by we found him stretched partly on his back, partly rolled over on his left side, on a little strip of sand which gleamed cold in the moonlight.

"Yes, it was here I left him," exclaimed Carleton. He fell on his knees as he spoke, and looked intently into the poor lad's face.

"Thank God!" he exclaimed, looking up at me, "he can't be dead. I dragged him as far as this, and then left him lying on his back. See, he has moved—he is partly on his side now!"

I motioned to Carleton to make way for me to approach. I felt for the pulse in the limp and powerless wrist. I laid my hand on the heart—then I gently raised the head and felt along the region of the skull.

"You will give him a little brandy," exclaimed Brabazon; "here is the flask."

Miss Farnham took it out of Brabazon's hands, unscrewed it, and began to pour some into the cup. As she did so, she knelt also on the sand. I looked at her and felt that she would probably need the stimulant which could avail nothing now to the dead.

"It is all over," I said; "he is dead, poor fellow!"

As I spoke I stretched out my hand and took the brandy flask from Miss Farnham. She looked wildly round, glanced at Carleton, gave a piercing cry, and fell forward over Randall's body. She had completely lost consciousness. I laid her flat on the sand, and, applying some restoratives, she quickly came to her senses.

The body of the dead man was lifted up and laid on some boards which we had brought with us, and we returned slowly to the house. Brabazon gave his arm to Miss Farnham, who truly needed it, for she staggered as she walked. I looked round for Carleton. There was a wild expression in his eyes which made me anxious about him. I saw, too, that he wished to linger behind the others.

"Come," I said, going up to him, "this has given you a terrible shock; why, you are just as much overcome as Miss Farnham."

I dragged his hand through my arm, and we followed in the rear of the sad procession. All the way up to the house he did not speak, nor did I trouble him with questions. I saw that his misery had made him dumb for the time being—in short, he was in a stunned condition. I dreaded, however, the return tide of strong emotion which must inevitably follow this apparent calm. I guessed that Carleton was a man of strong sensibilities. I could read character well—most men in my profession have much practice in this art. The human eye tells a doctor a good deal. The lips may falter out certain utterances which the eye will belie. I read truth and sincerity in the honest eyes of this young man. He was intensely reserved—he was jealous to a morbid degree—he, in all probability, possessed anything but a good temper; nevertheless, his eyes were honest, and I felt certain that he had nothing whatever to do with poor Randall's death. Nevertheless, I knew well that appearances were strongly against him.

When we got to the house I turned to him and said abruptly:

"I should like to see you in Brabazon's smoking-room in about half an hour."

He raised sullen eyes to my face.

"Come," I said, laying my hand on his shoulder, "I tell you at once I do not believe that you killed that poor fellow, but we must talk the matter over."

He did not say a word, but I knew by the way in which he suddenly grasped my hand that he would come.

I asked after Miss Farnham. Brabazon told me that she had gone straight to her room. His tone was scarcely sympathetic, and I looked at him in wonder.

"I have no patience with her," he exclaimed. "She has behaved very badly—this awful thing would not have occurred but for her. She has driven poor Carleton——"

I put up my hand to arrest the words.

"Hush!" I exclaimed. "You surely don't——?"

He laughed aloud in his agitation.

"I surely do," he began. "There, Halifax, we won't give the thing a name to-night. Of course, there must be a coroner's inquest."

"Yes," I replied.

We were standing together in the library—the hour was now nearly midnight. The body of the dead man lay on the centre table covered with a white sheet. There came a

knock at the door, and to my dismay and astonishment I saw Carleton enter the room.

"I heard voices, and guessed you would be here," he exclaimed. "I have recovered my nerves to a certain extent, and wish to tell you, sir," looking at his host, "and you also, Dr. Halifax, exactly what has occurred."

"Come into the smoking-room," said Brabazon, not unkindly.

"No," answered the poor lad. "If you will allow me, I will tell my story here. There is not much to tell, but what there is had best be told in the presence of ——" his lip trembled—he could not get further words out. He sank suddenly into a chair, and covered his white face with his shaking hands. "We must humour him," I said, turning and speaking in a whisper to Brabazon—"and before God," I continued, impulsively, "I believe he is as innocent as I am."

I drew forward a chair for myself as I spoke, but Brabazon stood by the hearth.

Carleton began to speak almost directly—his emotion was quickly mastered.

"I have loved Barbara Farnham for two years. At intervels she has given me great encouragement, and I had fair hopes of winning her until she met Randall in this house a fortnight ago. This morning I felt desperate, and resolved to put my fortunes to the test. I asked her to give me an interview after breakfast, as you doubtless noticed." He paused, and looked at me—I nodded my head, and he continued: "We went into the conservatory, and I—I spoke to her. I told her the naked truth, perhaps a little too bluntly. I asked her if she really meant to—no, I must not say what I did ask her. It is unfair—unfair to her. From her manner and her words I plainly gathered that she preferred Randall to me, and that I had no chance whatever of winning her. Perhaps I lost my temper—anyhow, it was unmanly to say what I did. I accused her of valuing Randall's position. I told her plainly that if Randall and I could change places, I should be the favoured one. We had a disagreement: our interview was full of pain, at least to me. When I left Miss Farnham the Evil One seemed to enter into me, and I hated Randall as I never knew before that I could hate anyone. I would not ride with the others, but went away by myself, and the whole day has been a long agony to me.

"My hatred to Randall grew worse and worse, until its vehemence half frightened me. We used to be good friends, too. After dinner I felt that I could not bear a couple of conventional hours in the drawing-room, and went out to nurse my misery in the open air. I had no idea that Randall was also out. I went along by the shore, but mounted to the higher cliffs on my way back. I intended to leave Penporran early to-morrow, and felt impatient for the hour when I could get away from the loathsome sight of my successful rival.

"As I was walking along by the edge of the cliffs, and had just entered Porran's field, I felt my heart jump into my mouth, for Randall was coming to meet me. He was about a hundred yards away when I first saw him. He is a taller man than I, and he seemed to stand out sharply between me and the sky. I knew by his attitude that he was smoking a cigar. I stood still for a moment. I did not want to pass him. My heart was full of torment, and I hated to meet him out there, with not a soul to stand between us. You know that part of the cliff, Mr. Brabazon? Randall had just come to that portion of it which is railed in to keep the cattle from tumbling over. I don't know what possessed him to take the out-

side path, which is very narrow and slippery. He did so, however; and now, for the first time, he must have noticed me. I was within fifty yards of him, coming also along the edge of the cliff. He stood stock still, as if something or somebody had shot him. I thought he was about to shout to me, but instead of doing so, he threw up one hand and clutched his brow. The next instant he began to sway from side to side, and before I could approach him, he had fallen over the cliff, sheer down that awful height!

"My absolute surprise stunned me for a moment—then I ran up to the spot where he had fallen, and throwing myself on my face and hands, looked over the cliff, in the hopes that he might have clung on to something. The moon was bright, but I could not see him. Looking down from that height made me dizzy, and I saw there was nothing for it but to retrace my steps as fast as possible to the shore. I ran quickly, and was breathless when I got to him. He was lying on his back, with his arms stretched out—some blood was oozing from his mouth. I wiped it away and called to him, and putting my arms under his head, tried to lift him. He moaned and moved faintly. I felt his limbs—they seemed all right. I had a wild hope that he was only stunned, and tried to drag him along the shore. He was too heavy for me, however, and I feared that I was only injuring him in my attempt to get him back to the house. I laid him as easily as I could on a piece of sand above high-water mark, and then ran back to Penporran. It was on my way back that the awful idea first occurred to me that Barbara would think I had killed him. I seemed to see all the circumstances of his terrible death with preternatural clearness, and I felt sure that the gravest suspicion would attach to me. I have come to this room now to tell you both, before Heaven, and in the presence of the dead man, the solemn truth. Of course, I cannot compel you to believe me."

"Thank you for coming to see us," said Brabazon then; "you have been the first to give name to a suspicion which will, doubtless, be harboured by more than one person who has known all the circumstances of this unhappy case. I sincerely pity you, Carleton, but I prefer to keep my judgment in abeyance for the time being. Halifax will tell you that a coroner's inquest will be necessary. At the inquest the whole matter will be gone carefully into. You may be certain that all possible justice will be done you."

"Justice!" exclaimed Carleton, a faint smile playing for an instant round his lips. "Justice, when there were no witnesses! Oh, that the dead could speak!" He turned abruptly and prepared to leave the room.

Brabazon called after him.

"You must give me your word of honour that you will not attempt to leave Penporran before the inquest."

"You may rest assured on that point," said Carleton.

He left the room. The restraint he was putting on himself gave a dignity to his whole bearing which impressed me much.

"I fully believe in that poor fellow's innocence," I said, as the door had closed behind him. Brabazon gave me a keen glance.

"You are a good judge of character," he said, after a pause; "still, I prefer to keep my judgment in abeyance."

I felt too restless to go to bed, and wished the morning would come. I was standing so, thinking over all the circumstances which had turned our gay party into one of mourning, when I heard a footfall outside my door. I thought it might be Carleton, and going across the room, I opened the door and went out into

the corridor. To my astonishment, Miss Farnham, still wearing her gay evening dress, stood before me.

"I was thinking of knocking at your door," she said, "but had scarcely courage to do so. I want to speak to you."

"I will see you in the morning," I said.

"It is morning already," she replied. "This is no time for conventionality, Dr. Halifax; I wish to speak to you now. You cannot sleep, and no more can I. Please follow me to Mrs. Brabazon's sitting-room, where a fire and a lamp are still burning."

She led the way, and I obeyed her without a word.

"Now tell me the truth," she said, the moment we found ourselves in the room. "Will Mr. Carleton be accused of having murdered poor Arthur Randall?"

"There is no doubt that grave suspicion will attach to him," I answered, without hesitation.

"But you think him innocent?" she queried.

"I think him innocent. As innocent as you or I."

"Oh, don't speak of me," she said, sinking suddenly on the sofa. "Pray don't mention my innocence. But for me this tragedy would not have happened."

I looked long at her before I replied.

"In one sense you may be right," I answered; "it is quite possible that but for you Carleton would not have witnessed Randall's death. Still, you must not be unfair to yourself—you are not accountable for the sudden brain seizure which must have caused Randall to reel and fall over the cliff."

"What do you mean?" she demanded.

"Carleton has just described the accident to Brabazon and me," I answered. "He saw Randall sway and fall over the cliff. I believe his story, although I fear few people will agree with me."

"I don't know the story," she said, faintly. "Pray tell it to me."

I did so in a few words.

"You believe all this?" she said, with intense eagerness, when I had done speaking.

"Yes."

"How do you account Mr. Randall's death?"

I could not help sighing deeply.

"You allude now to the difficulty of the position," I said. "At the present moment I cannot account for Randall's death. A man in perfect health is not often attacked with such violent vertigo as to cause him to lose the power of keeping himself upright." Then I paused—I was thinking deeply. "Undoubtedly there have been such cases," I said, "but they are rare."

I remembered, as I spoke, Randall's change of colour and the sudden pressure of his hand to his head that morning at breakfast.

"You have seen a good deal of the poor fellow," I said. "Did he ever at any time complain of peculiar symptoms to you? Did you ever notice anything about him which would lead you not to suppose him in perfect health?"

"Never," she said at once, emphatically. "He always seemed to me to be the perfect embodiment of the rudiest health and strength."

"The death is very mysterious," I said; "and while I personally believe poor Carleton's story, I fear matters will go hard with him."

I was about to leave the room, as I did not imagine Miss Farnham could have anything further to say to me, when she exclaimed, impulsively, her eyes filled with the most terrible anguish, her face turning white as death: "If, indeed, this thing is true, and if Ronald Carleton has to suffer in consequence of Mr. Randall's death, I shall put an end to my own life."

"Nonsense!" I said, sharply. "You must not speak in that wild

way. You know you don't mean a word that you say."

"You mistake me," she replied. "I exaggerate nothing. I state a simple fact when I tell you that if Ronald Carleton suffers for this, my remorse will be greater than I can bear. I have behaved badly to him."

"Yes, God knows you have!" I interrupted. I felt angry with her, and did not want to spare her at that moment. "You have behaved badly to as honest and true-hearted a man as ever breathed. When will beautiful women like you learn that men's hearts are not mere balls to be kicked here and there?"

"Oh, yes, you are right to abuse me," she said. "Go on, go on. I am so unhappy that nothing you can say will add to my pain. My cup of misery is full. I have ruined the man I love."

"The man you love?" I queried, looking at her in astonishment. "Nay, you must not be too hard on yourself. You surely are not accountable for Randall's tragic end. If Carleton's story is true, he died from sudden vertigo. You were kind to him while he lived—you have nothing to reproach yourself with on that score."

"Yes, I have," she answered, with sudden passion. "I deceived him. I made him think that I loved him; in reality he was nothing to me. It is Ronald Carleton whom I love."

"Then, in the name of the Evil One——" I began.

"Yes you may well quote the Evil One," she retorted. "I think he has been about the house all day. I think he entered into me this morning when poor Ronald spoke to me. The Evil One held me back then from telling him what I really thought. I gave him to understand that I—I hated him, and all the time I loved him—I loved him then—I love him now—I shall love him forever! The dead man is nothing to me; less than nothing!

She began to walk up and down the room; fever spots burnt on her cheeks; her eyes looked wild; she clenched her right hand.

"What can I do for you?" I asked after a pause. "You have been good enough to confide in me; you must have done so for a reason."

She stopped her restless walk and came close to me.

"I have heard of you before, Dr. Halifax," she said. "This is not the first time you have been asked to help people in trouble. I want you to help me—will you help me?"

"With all my power, if I can."

"You can. Find out what killed Mr. Randall. Save Ronald Carleton."

"I wish I could," I said, reflectively.

"Oh, it won't be difficult," she replied.

I looked at her in surprise.

"What can you mean?" I asked.

To my amazement she flung herself on her knees at my feet.

"You can invent something," she said, clasping my hand and pressing it frantically between both her own.

"Oh, it would not be a crime—and it would save a life—two lives. Say you saw symptoms of apoplexy. Say—oh, you will know what to say—and you are a great doctor, and you will be believed."

"Get up," I said, sternly; "I will forgive your wild words, for circumstances have excited you so much that you do not quite know what you are saying. Believe me that nothing would give me more sincere satisfaction than to be able to discover the real cause of poor Randall's death. But you mistake your man utterly when you make the suggestion you do. Now I must leave you. It is almost morning, and I have promised to meet Brabazon downstairs at an early hour.

I went back to my own room, where I sat in anxious thought

until the time which Brabazon had appointed for us to meet arrived. I then went down to the smoking room, where I found him.

He looked harrassed and ill—no wonder. The subject we had met to discuss was how best the news of their only son's death was to be broken to Lord and Lady Hartmore. The Hartmore's place was situated about a hundred miles away. Brabazon said that there was nothing whatever for it but to telegraph the unhappy circumstance to them.

"And I fear doing so very much," he added, "for Hartmore is not strong; he has a rather dangerous heart affection."

"Don't telegraph," I said, impulsively; "I will go and see them."

"You!" exclaimed Brabazon. "That would be an immense relief. You will know how to break the news in the least startling way. I should recommend you to see Lady Hartmore if possible first—she is a strong-minded woman, and has a fine character. But, at best, the shock will be terrible—it is good of you Halifax, to undertake so fearful a mission."

"Not at all," I replied. "Will you come with me?"

'I fear I cannot. My wife is very much shaken, and I ought not to leave her with a house full of people."

"I suppose most of your guests will leave to-day?"

"Probably, still, for the time being, they are here. Then there is the inquest, which will most likely take place to-day."

"I was going to propose," I said, "that a post-mortem examination should precede the inquest."

Brabazon raised his brows—he looked annoyed.

"Is that necessary?" he asked—"a post-mortem examination will only add needlessly to the sufferings of the unfortunate parents. In this case, surely, the cause of death is clearly defined—fracture of the skull?"

"The cause of death *is* clearly defined," I answered, "but not the cause of the sudden vertigo."

"The sudden vertigo, according to Carleton's account," corrected Brabazon. He did not say anything further for a moment—nor did I. After a pause, he continued: "As you are good enough to say you will go to Tregunnel, I will ask you to take poor Randall's last letter with you. I went into his room yesterday evening, and found one directed to his mother on the writing table. She will prize it, of course. Now I had better look up your train."

My errand was, in truth, a gloomy one. During the journey I had made up my mind for every reason to see Lady Hartmore first. When the servant opened the door, I asked for her, and giving the man my card told him that I wished to see his mistress alone on a matter of urgent importance. I was shown into a morning room, and in a very short time Lady Hartmore came in. She was a tall, fine looking woman, with a likeness to her dead son about her kindly, well-opened eyes and pleasant mouth.

"I have come to see you on a most painful matter," I began at once. "I am just now visiting the Brabazons at Penporran."

"Then it is something about my son," she exclaimed, instantly. Her face grew very pale; she pressed her hand to her left side, and looked hurriedly towards the door.

"Lord Hartmore may come in if you are not quick," she said. "He was in the breakfast room when the servant brought me your card and message. Please tell what you have got to say at once—I can bear a shock, but he cannot."

Poor wife! Poor mother! Her

eyes looked at me with dumb entreaty, while her lips uttered the words of courage.

"Women like you Lady Hartmore," I could not help uttering, impulsively, "are always brave. It is my terrible mission to inflict a terrible blow upon you—your son has met with an accident."

"Is he dead?" she asked. She came close to me as she spoke, her voice had sunk to a hoarse whisper.

"He is dead." I replied instantly; "sit down."

I motioned her to a chair—she obeyed me.

"Lock the door," she said; "Lord Hartmore must not—must not know of this—quite yet.'

I did what she asked me, and then went and stood with my back to her in one of the windows.

As I did so I felt in my pocket for the letter which Brabazon was to have given me. It was not there. I then remembered that in the excitement of my getting off in time to catch the train we must both have forgotten it.

After a time Lady Hartmore's voice, sounding hollow and low, reached my ears.

"Tell me the particulars," she said.

I did so. I sat down near her and told them as briefly as possible. She listened attentively. When I had finished she said, in a puzzled tone:—

"I cannot account for the sudden giddiness. Arthur always had excellent health." Then she looked me full in the face. "Do you believe the story Dr. Haiifax?"

I thought for a moment then I said emphatically:—

"Yes, I believe it."

She did not speak at all for the best part of a moment. Then she gave a heavy sigh.

"After all," she said, "the thing that effects us is the death. He is dead. The inevitable has overtaken him. It scarcely matters how it happened—at least not now—not to me."

"Pardon me," I interrupted, "It matters a great deal how it happened. The cause of your son's death will be a question of anxious investigation—of the gravest and most searching inquiries. I fully believe the story which Carleton told us last night, but there are others who will—who must—suspect him of foul play. Is it possible, Lady Hartmore—is it in any way within the province of woman, so completely to forget herself in this moment of terrible anguish, as to live for another? You can do nothing now for the dead, but you can do much, very much, for the living."

"You mean for my husband?" she inquired.

"Not alone for your husband—not even principally for him. You can do much for the man who will be accused of the crime of having murdered your son. I can only repeat my firm conviction of his innocence, but the grounds for my belief, at present, go for nothing; circumstances prove a grave case against him. Your son, to all appearance, was much attached to the girl whom Carleton loved and loves. Yesterday morning Carleton received what he considered a final rejection from Miss Farnham. She spent the day with your son; she gave him every encouragement. Carleton was morose, gloomy, jealous. His jealousy and gloom were noticed by every member of our party. Carleton and your son both absented themselves from the drawing-room after dinner. It was during that time that the accident, which deprived your son of his life, took place. There will, of course, be a coroner's inquest. At the inquest the circumstances which I have just alluded to will come out, and there is no question but that Carleton will

be arrested on suspicion and sent to trial—unless, indeed, you will help me."

"How can I help you?" she asked. "What am I to do? You ask me to share your belief, which seems to me to be based on nothing. Suppose I cannot share it?"

I was silent for a moment.

"I will tell you what I want you to do," I said then. "I want you to join me in insisting on having a post-mortem examination."

She gave me a glance of horror.

"Why?" she asked. "Why must the sleep of the dead be disturbed?"

Before I could answer her, Lord Hartmore's voice was heard at the door.

She was a brave woman, but at the sound of her husband's voice her courage for a moment deserted her.

"How—how can I break it to him?" she gasped. "Oh, please don't leave me."

"No," I said, "I will stay with you."

I unlocked the door myself, and a white headed, feeble-looking man came querulously into the room.

His wife rose to meet him. She put her arms round him and some way, somehow, conveyed the terrible tidings to his mind. I need scarcely linger over the hour that followed. At the end of that time I was accompanying the Hartmores back to Penporran. During the journey my companions were almost completely silent. Lady Hartmore kept her veil down, and, I felt sure, wished to avoid speaking to me. The old lord was completely prostrated with grief. Not by word or hint had either parent given me the slightest clue by which I could insist on a post-mortem examination. Their son had evidently enjoyed perfect health during his brief life. I saw that circumstances were very black against Carleton.

It was evening when we reached Penporran. Lord and Lady Hartmore went at once to a private suite of rooms which had been made ready for their reception. As soon as I could I sought an interview with Brabazon.

"Most of our visitors have left us," he said. "But Miss Farnham and, of course, Carleton, remain. The inquest is to take place in the library at an early hour to-morrow."

I was silent for a moment, then I said, abruptly:—

"Even at the risk of annoying you, Brabazon, I must repeat my strong desire that a post-mortem should precede the coroner's inquest."

"Have you spoken to the Hartmores on the subject?" inquired Brabazon.

I told him that I had mentioned my wish to Lady Hartmore.

"And what did she say?" he asked.

"She shrank from the idea with horror," I was obliged to confess.

"You can scarcely blame her," said Brabazon. "Why should the poor fellow's body be unnecessarily disturbed? The fact is, I have the greatest faith in your judgment, Halifax, but I think in the present instance you carry your sympathy for Ronald Carleton too far. The cause of death in the case of poor Randall was so absolutely apparent, that I do not think you will get the coroner to consent to a post-mortem."

"There is one thing that occurred to me," I said: "if Randall met his death by violence there would be some traces of a struggle at the spot where he fell over. Randall would not tamely submit to murder—he was a big man and muscular. Has the path along the cliff been carefully searched?"

"Yes," replied Brabazon, "and there is no trace anywhere of a struggle. A little blood has been discovered on a sharp point of rock just where Carleton described the fall to have taken place. The marks of a heavy body being dragged along the sands above high-water mark

have also been seen. All these evidences are, of course, I am bound to say, quite consistent with Carleton's story. The blood on the rock indicates also the exact spot of the accident."

"That was where the vault of the skull was broken," I said. "By the way, you forgot to give me poor Randall's letter to his mother. Doubtless, Lady Hartmore would like to have it without a moment's delay."

Brabazon started, and put his hand in his pocket.

"I put the letter here," he said, "intending to give it to you as you were starting; of course, I forgot it. Here it is; no, though, there is nothing in my pocket. Surely I can't have dropped it anywhere. I know I put it here this morning. I rushed up to the poor fellow's room to fetch it just when the brougham was coming round"

"You did not give it to me," I said; "that letter ought to be found; it may be of the utmost importance. Was that the coat you wore this morning?"

"Yes, I have not been out of it all day; you don't know what a rush and confusion the whole place has been in."

"You will look for the letter, won't you, Brabazon? I can not quite tell you why, but it will give me a sense of relief to know that it has been found before the inquest takes place to-morrow morning."

Soon afterwards we parted. I went into one of the morning-rooms where I found Mrs. Brabazon. I made inquiries with regard to Carleton and Miss Farnham.

"I have not seen either of them," replied my hostess. "I believe Mr. Carleton has spent the day in his room, and a servant told me that Barbara Farnham was not well. I hear she has not risen at all to-day."

"Poor girl!" I ejaculated.

Mrs. Brabazon looked at me with languid interest—she was a very lethargic person.

"Yes," she ejaculated, after a pause—"this tragedy will be a sad blow to Barbara. She is as ambitious as she is handsome. She would have made a regal-looking Lady Hartmore."

Just before the inquest next morning, I asked Brabazon if the missing letter had been found.

"No," he said—"I can not tell you how vexed I am about it. Every conceivable hole and corner, both in the house and out, has been searched, but no trace of the letter has been discovered. What I fear is that when I was down on the shore yesterday making investigations, it may have dropped out of my pocket and been washed away with the incoming tide. I can not think of any other cause for its absolute disappearance. I beg of you, Halifax, not to say anything to Lady Hartmore about it for the present."

"Of course not," I answered, in some surprise at the request.

I then ran upstairs. I must, of course, be present at the inquest, but I had still a moment at my disposal. I went boldly to Miss Farnham's door and knocked. After a very brief pause she opened it herself and stood before me. She was fully dressed. Her face was of a dead white—all the beautiful warmth of color had fled.

"I am told I must be present at the inquest," she said. "Is it time for me to go downstairs? Have you come to fetch me?" She shuddered visibly as she spoke.

"I have come to ask you to help me," I said, eagerly. "I will manage to account for your absence in the library. Put on your hat; I want you to go out at once."

"What do you mean?" she asked, in astonishment.

"I will tell you," I said. "On the day of his death Randall wrote a letter to his mother. That letter

has been lost. Brabazon had it in his pocket, and has dropped it—no one knows where. There is no saying, Miss Farnham, what important evidence that letter may contain. I am sure it is not in the house. Brabazon believes that he dropped it when exploring the coast yesterday. Will you go at once and look for it? The moment you discover it bring it to the library. Now, be as quick as ever you can."

"Yes," she replied, the soul in her eyes leaping up with a sudden renewed joy. She turned, pinned a hat on her head, wrapped a shawl round her, and ran downstairs. Her woman's wit grasped the whole situation at a glance. I went to the library feeling assured that if poor Randall's letter were still in existence, Miss Farnham would find it.

There were present at the inquest Lady Hartmore, Brabazon and his wife, Carleton, and two gentlemen who had not yet left the house. Also, of course, the coroner and the jury. The moment I entered the room I glanced at the coroner; I had not seen before. He was a little old gentlemen, with a somewhat irascible expression of face, and a testy manner. I looked from him to poor Carleton, whom I had not seen since the time when he told his story in this room. The body of the dead man had been placed in a shell, and still occupied the central table of the library. Lady Hartmore sat near it. A sheet covered the face of the dead. Once I saw her raise her hand and touch the sheet reverently. She had the attitude of one who was protecting the body from intended violence. Her position and the look on her face reminded me of Rispah.

I looked again from her to Carleton. It was necessary for me to glance at the poor fellow, and to notice the despair on his face to enable me to go up to the coroner and urge upon him the necessity of a post-mortem preceding the inquest. He did not take my suggestion very kindly.

"The cause of death is abundantly evident," he said, with irritation. "I can not counsel a post-mortem examination."

"And I will not hear of it." said Lady Hartmore, looking at me with eyes full of reproach.

"Pray say nothing more about it," exclaimed Carleton.

I bowed and sat down.

The inquest was conducted with extreme care, but soon Miss Farnham's presence was found necessary, and her absence commented upon. I saw Carleton start when her name was mentioned, and a look of extreme distress filled his eyes.

"I will go and find her," said Mrs. Brabazon, leaving the room.

She returned in a moment to say that Miss Farnham was not in her room, and that no one seemed to know anything about her.

"I have sent several servants into the grounds to look for her," she said.

As Miss Farnham was an important witness, having spent almost the entire day previous to his death with poor Randall, proceedings were delayed during her absence.

The case, however, seemed as black as could be against Carleton, and I had not the least doubt that the coroner would order a warrant to be issued for his arrest on suspicion.

My one last hope now hung on Miss Farnham's being able to find the missing letter, and then on the letter containing evidence which would give a medical cause for poor Randall's extraordinary death.

I seldom found myself in a more torturing position than during the time of this inquest. Relief, however, was at hand. I heard the sound of light and quickly moving feet in the hall. The door of the library was opened, not softly and with reverent hush, but with the eager, impetuous movement of someone in hot haste. Miss Farnham came into

the room with a wild color in her cheeks and a wild, bright light in her eyes. Her skirts were draggled and wet, her hair was loosened and fell over her shoulders—she had cast away both hat and shawl.

"There," she said, going straight up to Lady Hartmore; "there's your letter—the last letter your son ever wrote to you. It was lost, or supposed to be lost, but I found it. I walked along the cliff close to the edge — very close. There is a part where the cliff is undermined. I lay on my face and hands and looked over. I saw, far below me, a tiny ledge of rock; there was a bush growing there, and, sticking in the bush, something white—it might be a useless rag or a piece of torn paper, or it might be a letter of importance. The tide was coming in fast; still, I thought that I had time. I put wings to my feet and rushed down a narrow path which led to the beach below. The tide had already come up and was wetting the base of the rock above which the bush containing the white paper stood.

"I waded through the water and climbed the cliff and got the paper. I scrambled down again. When I came back the water was up to my knees. I crossed it safely, and mounted to the higher cliff again. Then, for the first time, I examined my prize. Yes, it was a letter—It was open. I don't know what had become of its covering. I sat on the grass and I read it—yes, I read every word. Here it is now, and you can read it. Read it aloud please, for it is important—it explains—it saves! Ronald it saves you!" Here the excited girl paused in her eager narrative, and turned her full gaze upon Carleton, who was bending forward to listen to her. "It saves you," she repeated; "it exonnerates you completely!"

The commotion and interest which Miss Farnham's words and manner excited can be better felt than described. Lady Hartmore stood and confronted the breathless girl. She held out her hand and clutched the letter, which was torn and dirty from its long exposure to wind and weather. She held it close and looked at it. It was in the beloved writing of the dead. The dead man was her only son—the letter was addressed to her, his mother. It contained a last message from the brain now silent—from the heart now still.

Tears filled her eyes.

"I must read this letter in private," she faltered. "This letter of my boy's is too sacred for anyone but his mother to hear—I must read it alone."

"No," interrupted Miss Farnham, "It contains important information. I will call upon the coroner to insist on its being read aloud. I risked my life to get it. Another life hangs upon the information it contains. Dr. Halifax, you are a medical man—will you insist on this letter being read aloud?"

I went up to Lady Hartmore and said something to her in a low voice. She listened attentively—she considered my words. After a pause she put the letter into my hands. "If it must be, it must be," she said. "This is the last drop in the bitterness of my cup."

She sat down, and flinging out her two arms, stretched them over the body of the dead man. Once more her attitude and manner reminded me of Rispah.

Miss Farnham stood close to Lady Hartmore. She forgot her dishevelled hair, her disordered appearance. All her soul filled the eyes which she raised expectantly to my face.

I glanced hurriedly through the letter—then I spoke.

"There is a good deal in this sheet of paper which is strictly private," I said, "and need not be read for the benefit of the coroner and the jury; but there are some

sentences referring to the state of Mr. Randall's health which are, as Miss Farnham remarked, of the utmost importance. I will now proceed to read that portion of the letter.

I did so in a loud clear voice.

These are poor Randall's words:—

"As far as I can tell, I am in perfect health, but for the past week or so, I have been suffering at intervals from a strange form of giddiness. I feel as though I were made to turn round and round, or against my own will impelled to go forwards, or backwards, or to one side. Sometimes the giddiness takes another form—I fancy that objects are revolving round *me*. I am perfectly conscious all the time, but the giddiness is generally accompanied by a distinct sensation of nausea. Very often the act of closing my eyes removes the vertigo completely for the time being. When the attack goes off I feel perfectly well, only I fancy I am suffering from continued deafness in my right ear. I don't know why I am impelled to tell you this—it is not worth making a fuss over. If I were to consult a medical man he would probably set it down to a form of indigestion. I had a slight attack this morning at breakfast. If it continues or gets worse, I will take the opportunity of consulting a London doctor who happens to be in the house."

I did not read any more, but folding up the letter returned it to Lady Hartmore. Both Carleton and Miss Farnham had approached each other in their excitement.

I looked beyond them to the coroner.

"I am sure," I said, "that I now express Lady Hartmore's sentiments as well as my own, when I demand that this inquest be adjourned until a post-mortem examination has been made on the body of the dead man. The symptoms which he describes in the letter which I have just read read aloud distinctly point to a disease of the inner ear, well known to the medical faculty, although not of common occurrence. I will ask the coroner to take immediate steps to get the services of two independent doctors to conduct the post-mortem, at which I should wish to be present."

My words were followed by a slight pause—the coroner then agreed to my wishes, and the inquest was adjourned.

The post-mortem took place on the afternoon of that same day, and the results amply accounted for the strange symptoms which poor Randall had so faithfully described in his last letter to his mother. On the right side of that portion of the base of the skull which contains the delicate organs of hearing, we found a small, bony excrescence growing down into the labyrinth or inner ear. This, though small, was undoubtedly the cause of the terrible attacks of vertigo which the poor fellow complained of, and in one of which he met with his tragic death.

The coroner's inquest was resumed on the following day, and, of course, Carleton was abundantly exonerated.

It was two years afterwards, however, before I accidentally saw in the *Times* the announcement of his marriage with Miss Farnham.

It was Elsie's first night at the concert, and she listened delightedly, till, as the applause which followed the prima donna's wonderful trills subsided, she leaned over to her mother, and in a very audible whisper exclaimed: "Oh, mamma! didn't that lady gargle her throat just lovely?"

STRANGE FOODS.

It's rather confusing,
The matter of choosing
Things to eat in these civilized days;
For the outlandish dishes,
Queer meats and odd fishes
That one gets do not all deserve praise.

In various courses
The flesh of the horse is
Served up in these trolley car times;
Among other bad habits,
Selling dressed cats for rabbits,
Is a quick way to gather in dimes.

From identical herring
Maine masters in erring
Put up trout, sardines, salmon and sich;
When they come to the table
You tell by the label
That lies—on the can—which is which.

Machine-made coffee
And chaff mixed in taffee,
And alum in bread are all blinked;
The ichthyosaurus
Would be dished up for us
For turtle—if 'twasn't extinct.

Since milk breeds bacteria,
And sausage inferior
From canine cadaver is minced,
And there's typhoid in water,
We certainly oughter
Just lie down and die, I'm convinced.

Mrs. Strong Mind.—"If women would only stand shoulder to shoulder, they would soon have the suffrage."

Dr. Guffy.—"But, madam, that is something they can't do with the present styles in sleeves."

Doctor.—"You have an excess of adipose tissue, madam."

Patient.—"Good gracious! doctor, do you suppose that's what makes me so fat?"

"The cat made an awful noise in the garden last night." "Yes, father, I suppose that since he ate the canary he thinks he can sing."

You can tell a young doctor from an old doctor in the dark, because when you ask the old doctor a question he doesn't answer you immediately as if he were cock-sure.

Friend—"Why did your temperance society discharge the Terrible Example?"

Rev. Mr. Coldwater—"He was continually referring to the seductions of a particular brand of beer to which he attributed his ruin, and we found that he was being paid to advertise it."

Fags—"They say that Dr. Capsule has made a fortune within the last five years."

Gags—"Gracious! What a lot of people he must have cured!"

"You're away off; he didn't cure anybody; he discovered a new disease."

The light and joy of a pleasant Detroit home is a five-year-old boy of bright face and happy temperament. Recently, a man visiting the family engaged the little tot in conversation, and one of the numerous questions he was called upon to answer was: "Are you married?" "Yes," replied the man, and he added playfully, "Are you?" "No," came the quick response, "but I have been vacinnated."

Visitor—"How do you like your little baby brother?"

Little Boston Sister—"He is pretty nice, only he lacks modern culture."

COMPARING THEIR MISFORTUNES

First Poet—"I had thirteen poems rejected by one editor."

Second Poet—"And I had one poem rejected by thirteen editors."

And they could not agree which was the worse misfortune of the two.

Grocer—"Well, my little boy, what will you have?"

Little Boy—"Fifteen cents worth of molasses."

Grocer—(as he returns pitcher.) "Where is your money?"

Little Boy—"In the pitcher; I put it there so I should not lose it."

ALWAYS IN DEMAND.

"Tell me," cried the group of maidens, "how to remain always young and attractive."

"That is just dead easy," replied the sage, without even lifting his eyes from his book. "Get a fortune and stay single."

Fond Husband—"Somehow I don't seem to be able to enjoy your pies as I did those my mother made for me when I was a boy."

Loving Wife—"Perhaps you would, if you hadn't ruined your stomach by eating so many of those pies when you were a boy."

THE FIRST CAUSE.

Doctor—"Your headaches are caused by those high, stiff collars that you wear. They press at the back, directly on the sensitive base of the brain."

Pompous Individual—"Aw—will it be necessary for me to wear those beastly low collars?"

Doctor—"Not at all. Merely stop holding your head so high."

"So," said Mr. Donegan, "they've been printing the funeral notices av a man that wasn't dead yit. It's a nice fix he'd be in if he had been wan of these people that believes iverything in the newspapers!"

SCATTERED.

Briggs—"Well, did that dose I told you to take scatter your cold?"

Braggs—"It did, beautifully. When I saw you, the cold was only in my throat, and now it is scattered all over me."

THE TELEGRAPHER'S FATE.

Wiggs—"Poor Rusher! He received many a telegram while he was alive."

Woggs—"What of it?"

Wiggs—"Nothing, only they wired his skeleton up at the medical college this morning."

Lottie—"Before Ethel married that young specialist she told me one day that her union with him was going to raise her to a higher life."

Tottie—"And did it?"

Lottie—"Yes; they are living in an attic now."

CRUSHED AGAIN.

"Isn't it awful?" said Mrs. Jenks to her husband.

"Isn't what awful?" queried Jenks.

"Houston's boy was run over and received infernal injuries."

"Internal, you mean."

"No. I mean infernal. I know what I'm talking about."

After a quarrel of five minutes, Jenks produced a dictionary, and with considerable trouble managed to find "infernal."

"There!" he exclaimed, "I told you so. Infernal means 'relating to the lower regions.'"

"Well," replied Mrs. Jenks, and there was a ring of triumph in her voice, "ain't that where he was injured?"

THE GERM CLUB PAPERS.

Membership:—The Doctor—The Theorist—The Observer—The Reasoner—The Schemer—The Student—The Inventor—The Cynic and the Doctor's Wife.

EDITED BY THE SKEPTIC.

When the Doctor called the meeting of the Germ Club to order in his cosy parlor on Ludlow street New Year's eve, the Theorist removed his feet from the mantelpiece, threw his cigar in the fireplace and proceeded at once to business.

"I have," he announced, "made a discovery in medical science which will create the biggest excitement in scientific and surgical circles which the nineteenth century has known. It will simply revolutionize the science of surgery and bankrupt the manufacturers of a certain line of surgical appliances. Permit me to inquire before I proceed further whether any member of this club is the holder of stock in any firm engaged in the manufacture of wooden legs?"

Reassured by an emphatic negative from each member of the club, the Theorist continued:

"I asked," he said, "as a precaution, so that in case any of you were so unfortunate as to be the holders of such stock, I could withhold my discovery from the world until you could dispose of the stock at ruling quotations. Twenty-fours after the announcement of my discovery wooden legs will be a drug on the market. Wooden legs for May delivery are to-day quoted at $1,000 per gross; to-morrow, after the news of my discovery has been flashed over the wires, the manufacturers will be glad to give them away to the bootblacks and newsboys to be used as Indian clubs and baseball bats."

"I would suggest," remarked the Doctor, mildly, "that before the Theorist gives a further exposition of the prospective consequences of his discovery, he should enlighten us as to the exact nature of that discovery."

"Certainly, Doctor, certainly," responded the Theorist, and rising excitedly from his chair, he paced hurriedly to and fro

before his fellow members and exclaimed: "Gentlemen, at our last meeting I demonstrated to you, to my own satisfaction that wooden legs were hereditary. To be sure, there was some opposition to my theory, and owing to the jealousy of certain members my resolution to the effect that 'wooden legged men and women should not be permitted to marry and progagate their species, was voted down. Nevertheless, my arguments remained unanswered. The fact that wooden legged men and women were quite often found among those who had brittle, fragile and easily broken bones, was not refuted. My assertion that the brittleness of bone might be transmitted from parent to child was not disproved. I pause for a reply."

"Mr. Chairman," observed the Cynic, "I would suggest that if the Theorist will promise to continue his pause until he gets a reply, the other members should, as a matter of self-protection, get together and take a solemn oath, never, under any provocation, to make one."

BOSTON MEDICAL JUN 10 1899

"Gentlemen," proceeded the Theorist, with a scornful glance at the Cynic, "since the last club meeting I have made a still more important discovery. Wooden legs, gentlemen, wooden legs are contagious. Yes! my lords and ladies, yes! Your majesties, and your right honorables and left honorables; yes, gentlemen of the Germ Club, wooden legs are contagious and infectious, and yet daily they are permitted to stalk and thump and dot-and-go-on along our sidewalks and pollute the air of our fair city, and expose themselves in all their hideous nakedness before the eyes of our innocent daughters and rub against, yes! gentlemen, rub against and come in actual contact with the three-dollar pants of our brave sons. Gentlemen, I appeal to you as men, I ask you as brother members, shall this continue?"—

"The Theorist," observed the Doctor, solemnly, "asks the club whether he shall continue. All those in favor of a continuance of the subject please say 'aye.' Contrary minded, 'no.'"

When the storm of noes had subsided, the Doctor's Wife looked around for the Theorist to offer him a cup of tea, but he was gone.

"Gentlemen," observed the Reasoner, dropping a third lump of sugar in his tea, "the entire system of modern medicine is based upon false theories. The whole business is illogical.

Modern professional men do not know how to reason, and as a consequence all their deductions are false. Take the matter of the causes of disease. It is astounding to me that no physician has ever hit upon the real cause of disease. That cause, gentlemen, is thought. In fact, everything in this world is the result of thought. Christopher Wren thought one way, and the result was St. Paul's cathedral; Bill Tweed thought another way, and the outcome was Tammany hall; George Stephenson thought in straight, parallel, horizontal lines, and the consequence was the modern railroad; Mr. Ferris thought in circles, and the Ferris wheel resulted.

"It is the same in everything. Thought causes all that is, and will cause all that is to be. It is equally true with disease. All diseases are the result of unhealthful thoughts, and each specified disease is the result of a special line of non-hygienic thought. I have gone deeply into this subject, but not so deeply as I could wish before addressing you on this theme. I wish that it was in my power to lay before you to-night the exact line of non-hygienic thought which is productive of each of the thousands of diseases known to the profession. This I am unable to do, but I can give you a few instances which will be sufficient to prove the truth of my theory.

"I will commence with the ailments to which children are particularly susceptible. When a girl between the ages of four and fourteen thinks and persists in thinking 'I don't want to go to school,' the inevitable result is a headache. When a boy of the same age thinks the same thing, the consequence is a toothache. Take the same boy at the age of eighteen at college, and let him concentrate his mind on the one thought, 'I want to play foot-ball,' and the attending physician may gamble that within a reasonable length of time he will be called in to mend a broken collar bone. A girl at this age who continuously thinks 'I want a beau,' is an easy victim for melancholia.

"A few years later the boy, grown to manhood who persists in thinking 'set 'em up again,' is a sure candidate for alcoholism, and the woman who thinks 'I want a sealskin,' for hysteria. If young men and women wouldn't think of love, they wouldn't sit

out in the evening on the cold stone front steps, and catch cold and get the grip, and fall the victims of consumption.

"In conclusion, let me say, that if ten-dollar-a-week clerks and five-dollar-a-week typewriters would stop thinking about marriage, there would be no babies, and in a hundred years disease would disappear from the face of the earth for the lack of a humanity to prey upon."

"Permit me," said the Doctor, "to submit that in his last proposition the Reasoner displays a remarkable ignorance of the possibilities of the human race."

"And permit me," said the Doctor's Wife, "to submit that it is is now eleven o'clock, and that personal observation teaches me that the Reasoner's theory is correct in so far that men who think later than eleven upon these abstruse subjects are liable to attacks of insanity, and are the victims of marital infelicities."

At this point the Germ Club hastily adjourned, the Inventor remarking as he searched under the sofa for his hat, that at the next meeting he would explain the workings of his latest invention, a mind reading machine, named the "Hunchplunket."

Applications for membership to the Germ Club may be addressed to the SKEPTIC, care of the JOURNAL. Individuals or other important personages may address their schemes for the renovation of the universe to the same person]

LETTER TO A PHYSICIAN'S WIFE.

Dear Doctor's Wife:—In my last letter I mentioned a young doctor and his wife who were doing wonderfully well here in Washington. They are located in a central part of the city, the fashionable northwest, and I feel sure you will be somewhat interested in their comments upon the practice of medicine here, and also in all that relates to the people they have met. They are constantly forming new acquaintances and those among the most notable people of the city.

This doctor's wife goes out a great deal. You know a clever physician once prescribed a new and becoming dress as the best remedy he knew of for a nervous careworn woman; and our doctor's charming little wife not only has great faith in the prescription but she also declares new sights and new faces are

equally refreshing. She therefore believes in constantly placing herself in the way of meeting the most noted, witty and brilliant people who congregate at the nation's capital. She was telling me of Dr. M. Souviell, ex-surgeon of the French army and his wife, who have been visiting Washington. Dr. Souveill has extensive phosphate mines in Tennessee. Their home is near Jacksonville, Florida, but they intend spending the winter in Washington if the doctor's interests in Tennessee do not call him south. I shall keep my eye on Madame Souviell.

One of the social events to which every one is looking forward is the marriage of Dr. James Ramsay Nevitt to Miss Hine, the daughter of Ex-Commissioner Hine

Dr. Nevitt is one of the police surgeons here and in the recent outbreak of small-pox he voluntarily undertook the charge of the small-pox hospital.

After weeks of isolation from his fellow men, and after weary days and nights spent in furnishing relief to the sufferers he is now able to resume his regular routine of life, and his marriage to Miss Hine at the First Presbyterian church where President Cleveland's pastor, the Rev. Byron Sunderland, officiates is an event of some moment in professional circles.

Speaking of weddings, one of the prettiest weddings of the autumn was that of Dr. Percy Hickling another police surgeon here, who married Congressman Stone's daughter. Congressman Stone is from Pennsylvania. Dr. Hickling is a great favorite in social circles, and in medical circles, and his wedding was largely attended. As typical of autumn the church was trimmed in green, and the bridesmaids dresses were pale green, the whole effect was unique and striking.

Dr. Hickling and his wife have recently returned from their wedding trip to California. They held upon their return a crowded reception thronged with friends and well wishers.

Among the young physicians here who are coming to the front is Dr. Woodward. Although barely thirty years old he is health officer of the capital city, and was coroner before he became health officer.

He is evidently one of the rising young men in the medical

profession, and has filled, and continues to fill the offices to which he has been appointed most skilfully and acceptably.

Washington being a cosmopolitan city with a population in some respects dependent upon Congress, many of a physician's patients are here to-day, and away to-morrow.

If a doctor is called to act as the family physician of some senator or member of the House, just as he becomes interested in his charges, they are very liable to vanish away.

It is possible that they may return again, or it is quite as possible that Washington knows them no more.

Probably in no city in the country is the population so fluctuating. The regular government employees, and the large class of permanent residents are of course legion, but after all government clerks are even more uncertain factors than our legislators, they come and go with even greater suddenness.

Washington, however, in spite of her uncertain population is in some respects an ideal city for the practice of medicine.

A physician is able to drive to and from his patients' residences over broad, smooth asphalted streets where he can go at a pace it would be impossible to even think of in the crowded, bustling, cobblestoned streets of most cities.

The climate also is generally enjoyable, and one has not to battle with the raging storms which must be faced in the north, or the enervating heats of the south. But to the resident doctor's wife Washington is an earthly paradise, that is, if she is one to take advantage and enjoy the numberless treats that are spread before her. Here there is an ample gratification for all the senses, a fair open field for all ambitions, a school, magnificently equipped, for all culture. All that society and art and learning have to offer can be found at the best. If you have not yet been to Washington make it the objective point of your next holiday trip; if possible, come in May, and see for yourself what my poor pen inadequately portrays.

Of course, every one will tell you that the medical profession is "overcrowded," but that statement has been worn almost as threadbare as the everlasting, never-to-be-forgotten cry of "hard times" which has come down from generation to generation until at last one fails to pay any attention to it.

We know even if the times are hard that the stores and railway stations and hotels are all crowded with buyers and travelers, and we know also that in spite of an excess of physicians they still increase and multiply and prosper exceedingly. Yes prosper; for in spite of dire predictions of failure, a doctor who intends to succeed generally succeeds. There are many roads to success and many turnings; there are also a few rules a physician and his wife must follow here or elsewhere, if he hopes to win the smiles of fortune. I will tell you of some of them I know in another letter and also some interesting facts a doctor's wife has just been relating to me.

Washington, D. C. MABEL HENSHAW WARD.

THE END OF THE CENTURY MAN.

Written for the JOURNAL by SELDOM R. SKAGGS.

The earth in all directions he had circumnavigated,
He had fought with all the men of all the nations God created;
He had married maids and widows of all colors and conditions,
And with mothers-in-law innumerable had settled home seditions.
He'd accompanied General Sherman on his battles to the sea,
And sassed with John L. Sullivan, when John was on a spree;
He had courted anxious spinsters on the lookout for a man,
And with Grisettes in Paris had kicked the merry "can."
The chicken-pox and measles, small-pox and meningitis,
Consumption, typhoid fever, and mumps and diabetes,
And Bright's disease and asthma, and dreaded Yellow Jack,
At one time or another had given him a whack.
He'd been a missionary to an island of man-eaters,
And lived for years in Jersey and battled with the skeeters.
He'd voted prohibition on old Kentucky's land,
And raked a pot in Kansas with five aces in his hand—
In fact, he'd faced all dangers that fall to mankind's lot,
And still Old Death had failed to drop his carcass in the slot.
But, alas! one fateful evening, this man of hairbreadth 'scapes,
While dining quietly at home partook him of some grapes,
And in a thoughtless moment chanced to swallow down a seed—
Then suddenly bethought him of the awful things we read,
About the terrifying fate that lies in wait to meet us
If our vermiform appendix ever gets appendicitis.
In hottest haste he hied him to the nearest skilled physician
Who promptly sawed him open with neatness and precision;
Then sewed him up, and charged him ten, and sent him home to bed,
Where on the following morning his valet found him DEAD.

[*The publishers of this journal, and they only, are responsible for what they from time to time disclose under "Ethics and Politics." The editor will as heretofore confine his attention to the discussion, from a medical standpoint, of questions of professional nature. The editor neither writes nor edits matter under this caption.*]

Good as a Joke.

"OUR candidate for National Board of Health Officer, C. G. Comegys, M. D., the author of the movement for the establishment of the Board," glibly pipes *The Ohio Medical Journal*, bent on having its man first in the field. The suggestion is good only as a joke. No one knowing the situation can regard it seriously for a moment. If there is a service in the gift of the United States Government requiring the best efforts of an active, wide-awake man, in the prime of life, progressive, liberal, up-to-date, a man unusually well equipped both by nature and education, it is the proposed position of National Health Officer. Dr. Comegys is none of these. He is not to blame for being very old, but is responsible for the narrow-minded bigotry which he has often evinced throughout his whole career. It is not his fault that he was at best endowed with moderate ability, but when he becomes a candidate for a great public office it is necessary to closely scrutinize his record with a view of determining his capability. A very little research brings to light a startling sample of his incapacity.

It seems that in the spring of 1883 Dr. Comegys was called in consultation on the case of one Susan Young, of Cincinnati, who afterwards died. The attending physicians pronounced hers a case of *purpura hemorrhagica*. The body was shipped, with a permit, to Robinson, Ill. When too late, the disease was discovered to have been small-pox, from whence came no less than ten cases with three deaths. On page 257 of the Fifth Annual Report of the Illinois State Board of Health can be found all of the sensational details.

We submit it to our readers, if a man who has made mistakes of this kind, and those when he was a dozen years nearer the prime of life than he is to-day, is fitted for the position of National Health Commissioner. The proposition is so absurd that the suggestion of the *Ohio Medical Journal* is suspicioned of being little more than a *jolly* for the old man who is ambitious for a little cheap glory. When the time comes it is more than likely that the same journal will have discovered (?) him impracticable as he certainly is, and will retire him for a "younger man." Possibly the "younger man" anticipates such a turn. He has been known to engineer such schemes before. When he shows his "fine Italian hand" we have some more history to air and a "rod for the fool's back."

* * * *

Ernest Hart Again.

THE ubiquitous Mr. Ernest Hart, of England, is again industriously extending his reputation by advertising methods so "clever" as to excite admiration and jealousy, at once, in the oldest veteran in the advertising business. Of late he is reaching out into new and more extended fields. His latest audience was no less imposing in numbers and more diverse in every respect than that commanded by the *Century Magazine*, his theme "The Eternal Gullible," *i. e.* hypnotism, is treated in a sensational manner, and its title possesses the telling qualities of the catchy head-lines of the daily press. Our readers may remember that, shortly after this man Hart had made such a holy show of himself in scolding the medical profession of this country, last spring, about their remissness in medical ethics, we plainly stated that he was the example *in particular* of all he condemned; and so we are not surprised or unprepared for this latest bold bid for the public gaze. Other medical journals are of the same opinion. Says the *New England Medical Gazette*, commenting on the same subject:

"There are certain extraordinary features connected with this story which naturally attract the attention of the medical reader. For instance:

"1. A medical man, notorious for his teaching of high ethical principles, doubtless 'for a consideration,' utilizes a popular literary periodical for the purpose of instructing the laity concern-

ing a professional matter which has not yet been settled by the profession itself.

"2. He takes advantage of the occasion to ridicule a 'demonstrator of physiology in a London medical school,' in short, a reputable colleague.

"3. He classifies, inadvertently it is to be hoped, the late Prof. Charcot with imposters who have to 'train their subjects.'

"4. He affirms positively concerning a subject which is still under experimental investigation.

"5. He unqualifiedly condemns the use of suggestive therapeutics, and claims that it is of no practical use to mankind."

The sharp eyes of the *National Medical Review* are also on this arch-pretender, and discovers that he has made himself exceedingly distasteful to the medical profession in India and the East by his uncalled-for strictures on their work and methods, so distasteful in fact that the conservative *Medical Reporter* of Calcutta protests against him as a delegate to the medical congress soon to convene there. The *Reporter* decisively says:

"Until he (Hart) withdraws his ungenerous remarks on medical men of and in this country, it is meet that they should refuse to meet him in fellowship. This is no reflection on the congress scheme. This is no desire to hamper the efforts of those arranging for its holding. Our anxiety to support the congress cannot be misunderstood; we only sound a note of warning that if Dr. Hart is elected as a prominent member of the congress it will give offense."

There are only two elements necessary to disclose this man in his true colors: Time and his own devouring egotism.

* * * *

The Assassins of Reputation.

EVERY man, professional or otherwise, who has attained success and prominence, knows precisely what is meant by the Assassins of Reputation. Doctors, perhaps, more than others. It is not often, however, that the contemptible species is so graphically described as in an editorial of a well-known contemporary. It is both a satisfaction and a duty to hold them up to public scorn. Whoever the shoe fits let him wear it. This writer says:

"In the midst of a noble discourse on religious toleration, a great New England divine once utterred these memorable words; 'The form of persecution has changed, but its spirit lingers. It has given up the halter and the stake, but it breathes venom from its lips, and it secretly blasts what it dare not openly destroy.'

"Life often exhibits the spectacle of an evil whose malignant spirit survives the destruction of its ancient forms. Evil is protean—the form changes, but the substance remains the same—it is an old foe with a host of new faces. Thus, during the Middle Ages, men hired *bravi* or assassins to kill off their rivals and enemies. A large class of wretches actually lived by renting their daggers. The more dainty conscience of a modern age is shocked by such crude methods of assasination. The *bravo* has been forced out of business; but it would be a mistake to suppose there are no modern *bravi*. Life is safe; but reputation, credit, honor—these receive the stab; the stiletto has simply been superseded by the cowardly innuendo or the treacherous libel."

* * * *

A Matter of Grab and Thrift.

THERE is unpleasantness in Berlin over the diphtheria anti-toxin. Prof. Behring, who has been made Professor of Hygiene at Halle, recently published an article in a lay journal, in which he claimed priority in the matter of the discovery and use of the serum, and accused Prof. Virchow of not giving him credit and of recommending the use of Aronsohn's serum. It seems that Aronsohn, as soon as Behring's discovery was made, at once went to work and manufactured a serum by the same methods, but made one that was stronger, and put it promptly on the market. Prof. Virchow publicly disclaims any claim for himself or others, however. Evidently there has a good deal of the commercial spirit crept into the manufacture of the anti-toxins.

Besides this, Prof. Roux has been decorated with the cross of Commander of the Legion of Honor and has been awarded a money prize in Paris, while Switzerland hails Prof. Hoffman as the originator and has made a very large legislative appropria-

tion in order to further his experiments and to produce the serum under governmental supervision.

Truly this is science reduced to a matter of grab and thrift.

* * * *

Medical Persecution.

A SENSATIONAL Doctor of Divinity has recently made some interesting speculations as to the probable condition of the pavements in the future world. "Speaking for the goats," says he flippantly, "there can be no doubt about the quantity of material consumed, if it is true that hell is paved with good intentions." This journal has no desire to be a contributing agent to such a cause, even indirectly. Nevertheless it cannot shirk the duty of suggesting to readers the appropriateness of a resolution for the New Year to regard with a greater degree of charity this year than ever before those members of our profession who think and act on different lines from ourselves. The effect of such thinking on us cannot be other than broadening, while there is more than a possibility that it is only the tolerance due, after all, to men who have the courage of their conviction, and are bravely fighting for "more light." Those who, in the days to come may be recognized of the "immortal few" who have successfully moved outward somewhat the narrow confines of human knowledge and achievement.

A recent writer in the *Eclectic Medical Journal*, as though to illustrate and emphasize the very point, has briefly summarized some striking examples. He says:

"An ancient philosopher once told his king that there was no royal road to the acquiring of wisdom. Christ also tells his disciples that there is no peaceful, thornless path for the reformer. "Men shall revile you and persecute you, and shall say all manner of evil against you falsely." This is the experience of every benefactor of human kind, attempting innovations upon the traditions and cherished usages of former periods. In no walk of life, religious, social, or political, has the spirit of murderous intolerance glowed more fiercely than in medical circles. Galen driven out of Rome by mob violence, instigated by the physicians of the city, Harvey suffering obloquy from his contemporaries in England, Paracelsus defamed and hunted to his death in Germany, Hahnnemann excluded from professional employment and

obliged to do literary work for a livelihood, the disciples of Thomson and Beach deprived by arbitrary legislative enactments of their rights as citizens, and incarcerated in prisons, when they had committed no crime, are so many examples extending through the centuries to the present time.

* * * *

A Difference of Opinion in St. Louis.

St. Louis has, from time immemorial, been an interesting town from a medical point of view. Just now a series of volcanic eruptions is going on and a lot of the best-considered physicians, including the amiable Dr. I. N. Love, are involved. One of the St. Louis newspapers has this to say:

B. M. Ricketts, M. D., all the way from Cincinnati, has effected an entrance to the Marks-Loftus-Love-Brokaw-Briggs embroglio. Dr. Ricketts performed a wonderful surgical operation 'by courtesy of Dr. Wiley Browne' at the City Hospital—a laparatomy for rupture of the longitudinal colon. Then he entered the embroglio.

"I have been an observer of the ethical controversy now in progress among the doctors here," he said. "Where conditions exist such as those here it would be well for one faction to pull away from the other and to start a new society. It would be to the interest of all concerned. Competition would excite each to full exertion, and convulsive internal wrangles would be at an end."

Dr. A. F. Bock, of Grand and Finney avenues, the surgeon who first used the diphtheria toxin in St. Louis, enters the controversy, too, by pronouncing the charges brought by Dr. Loftus "nonsense."

"I respect the code," he says. "I didn't know that my toxin case would get into the papers, except, probably, through the ethical channel, that of a paper read before the Medical Society. I think, though, that the Loftus charges are foolish, because Dr. Marks is a public official. I have been practicing generally and surgically in St. Louis for 25 years and am a graduate in Germany."

Dr. Bock is more interested at present, however, in a private rupture which he has with a young physician, his nephew, Dr. F. S. Haeberle, which later may attain the proportions of the Marks-Loftus affair. Drs. Edwin M. Nelson, Hugo Summa, Adolph L. Boyce, Herman D. Brandt and Joseph C. Mulhall, all renowned ethicicians, may be summoned as witnesses if the trouble becomes aggravated to the extent of slander charges being preferred.

The trouble is this: Dr. Haeberle was in Europe when diphtheria antitoxin was discovered. He got some and brought it to St. Louis. He turned over some to his uncle, Dr. Bock. The latter was the first to have occasion to use it, which happened Monday night and which operation

greatly advertised Dr. Bock and the attending physicians. In these facts the stories of both the contending physicians agree, and then they diverge in diametrically opposite directions. Dr. Haeberle rushes into print to denounce Dr. Bock for breach of confidence, claiming Dr. Bock had promised him not to use the anti-toxin except in the presence of himself, the deponent. He claims Dr. Bock violated a sacred confidence when he used it, contrary to this condition.

Dr. Bock claims he ordered his nephew to secure the anti-toxin for him and has paid him for it; that he did not promise to use it only in the presence of his nephew; that he telephoned for his nephew; that the latter was out and that the case was too urgent to wait. And now the two physicians grit their teeth as they think of each other. As, however, only one of them, Dr. Bock, is a member of the medical society, serious consequences may be avoided.

The Ethics Committee of the Medical Society met in the office of Dr. Ford, the Chairman, Tuesday evening, to consider the Marks-Loftus charges. The Chairman was in favor of making the trial of the case public, but Dr. Waldo Briggs, the new member of the committee, pointed out a rule that prohibited the presence of persons not directly interested. Dr. Loftus' attorney, R. B. Houghton, was also excluded from attending.

An echo of the controversy appears in a Cincinnati newspaper in the form of this editorial:

Our own Dr. B. Merrill Ricketts seems to have been drawn into the controversy on medical ethics which is just now engaging the leading St. Louis physicians.

Dr. Heine Marks, Superintendent of the City Hospital of St. Louis, is accused of having given to the press the details of operations performed in the institution of which he is the administrative head. Dr. Marks endeavored to make his ideas on the subject plain some months ago, when, in the course of an article in a medical journal, he said that those physicians who occupy public office or hold appointive place must answer to the people for their doings through the press. The private practitioner holds himself amenable to no one for his actions; but the public officer, Dr. Marks says, dare not work in the dark.

Because of this fact Dr. Marks never refuses information to representatives of the press, when the proceeding is such as the public interests demand should be disclosed; and he also believes that the press itself is the best judge as to what the public desires to know, and is entitled to know. The majority of the best physicians coincide with this view, and the reporter who undertakes to gather the "points" regarding an affair medical nowadays goes straight to the physician concerned, and usually gets the facts.

And the cruel war is still waging.

The Cincinnati Medical Journal.

Address all Communications to the Editor, Court and Broadway, Cincinnati, O.

Vol. X. *JANUARY, 1895.* *No. 1.*

Editorial.

Kid McCann's Eulogy.

THE February JOURNAL will contain a monologue in rhyme, entitled: "Kid McCann's Eulogy," written expressly for the JOURNAL by Seldom R. Skaggs. No physician can afford to miss it.

Neither Eugene Field, nor James Whitcomb Riley, nor John Hay, nor Will Carleton have ever written anything at once humorous or more pathetic than "Kid McCann's Eulogy."

It appeals especially to doctors and is full of good hits that many outside the profession will not appreciate.

Another striking feature of the February issue will be the first of a series of profusely illustrated articles on "Representative Doctors." Those of Illinois will first claim attention. The important part they are playing in the development of that great state, both in professional and civil life, will find full recognition. Later on "Representative Doctors" of other states will obtain a similar hearing, until the whole ground is covered. It is proposed to make this series of articles of permanent historical value, and whenever possible, to do justice to those who have not as yet found public recognition for their honest efforts.

* * * *

The St. Louis Incident.

DR. HEINE MARKS, chief surgeon of the St. Louis City Hospital, has been arraigned before the Committee of Ethics for violating the code. Dr. Briggs, who has recently been elected on that committee (to fill a vacancy) that will try Dr. Marks, says "that nine out of ten would do the same thing if they were in Dr. Mark's shoes," says he, "I have no doubt that many a surgeon could improve on what ever advertising the Superintendent has done." It will be remembered that Dr. Marks has been indicted before the Committee on Ethics by Dr. Loftus, of St. Louis, for giving reporters information in regard to various surgical operations in

the City Hospital. The savans of the profession are constantly tasking their wits in efforts to interpose barriers to the progress of quackery. All must admit that up to the present time, so far from accomplishing anything, the evils they have sought to remove have steadily increased, in so much that there are now as many unqualified practitioners in the country, and a greater amount of patent nostrums is consumed than at any former period. Why is this? In our opinion, because the very means employed for the suppression of quackery have been ill-advised and tend in fact to increase it. What can be hoped for astringent laws, ill-tempered anathemas against this evil, unless the people who patronize charletans and nostrum mongers shall be convinced that they are not good, and that the interest of the doctors is not the motive which governs the efforts of medical men, unless they are able to feel the moral force, instead of the arbitrary stress of professional opposition to such practices. Mysticism and humbug of every name, whether denominated regularism or quackery, would disappear before the spreading of light, before the intelligence, and no unsound system nor incompetent practitioner would obtain support in a community competent to examine and decide medical questions. We believe these conclusions to be legitimately drawn from correct premises. If the code were carried out fully the public would be left in ignorance of even the locations of our offices as well as our facilities to serve them, unless they were to happen to see a little sign at the door, and even that might be construed as a "card" violating professional dignity. The young physician, or the newly arrived medical gentleman, must not let the public know through the usual media his location or claims to patronage, lest certain fossil remains be disturbed. We discover, to cover and protect themselves from the "code of ethics," that "colleges" are being established all over this broad west, and it is Prof. of this and that, especially treats this or that, and lectures on this or that; all this shows which way the wind blows. Now, against all this and much more of the same sort, we decidedly protest; let the public be enlightened, let them understand these our systems, let them discriminate between rational and visionary systems of medicine, let them know what true science has done and is doing

for their benefit in the hands of duly qualified physicians. What moral right has Dr. Marks to refuse the public the workings of a great public institution, and that at the expense of the city? Let them read modest, truthful accounts of great strides the surgeon has made in the saving of so many valuable lives. Let them observe in us a spirit of liberty, instead of cold, aristocratic, professional selfishness, and then we may hope to see the dignity of our profession respected, and its claims to confidence and support acknowledged.

* * * *

Professional Advertising. The following discussion, taken from the *Philadelphia Polyclinic*, while more conservative than the grounds usually taken by this journal, is good so far as it goes, and conclusively shows that the tendency of the profession is all the time in the direction of greater liberality of thought and action, that there is a growing disposition on the part of the respectable portion of it to suit themselves to the demands of the times.

Specialization of work becomes possible only as a sufficiently large number of persons can be brought into communication with the specialist.

When the older parts of the country were but sparsely settled, and still in the more thinly inhabited portions, it was or is impossible, for the member of the community who serves as its doctor, to get his living by that alone. He must combine with his medical or surgical work that of farmer or barber or storekeeper.

As, however, the country becomes more densely populated, one man may be a doctor only, and leave the other employments to other men. When the population has become so dense and the means of communication so good that two can be wholly employed and supported in the same territory, one may become physician exclusively and the other a surgeon. And this process continues until in the large town or city that supports many members of the profession we may have oculists, gynecologists, orthopedists and so on through the list.

The increase of specialism, however, can only go on as the specialist is able to draw on a larger number of people for his support, and to do this he must in some way acquaint that larger number with himself and his work. Extending this acquaintance is the legitimate function of advertising. Specialism and advertising of some sort necessarily go together. This connection is neither recent, nor local, nor temporary. When the doctor gave up his farming or storekeeping, he put out a sign and got a degree setting forth what sort of work he expected to do, and assumed a professional demeanor, all calculated to extend in the community the knowledge of

what service he was prepared to render. And with large numbers of people to be reached, and new means at hand by which to inform them of his existence, no "conservatism" on the part of those who fail to recognize the continuous forward flow of events will prevent the adoption of new methods of advertising.

By the later specialists teaching and hospital positions have been eagerly sought for their supposed advertising value, and the article in the medical journal has become a part of the routine task of the aspirant in this direction, until the profession and the community are both suffering from the multiplicity of medical schools and hospitals, and legitimate medical literature is drowned in the torrent of medical writing. And still the professors and holders of official positions are certifying nostrums and "mineral waters," being interviewed by the ubiquitous reporter, and in every way struggling to have their names floated to a still larger circle of possible patients.

There can be no question but that specialization, in so far as it is normal, is progress. That the community is better served, more cheaply and satisfactorily served, by legitimate specialists than by jacks-of-all-trades. Specialism is bound to extend, and for the evils its attempts at advertising now inflict, no more efficient remedy will be found than proper and efficient means of accomplishing this necessary function. When Dr. Smith can otherwise let the community know that he is prepared and desires to practice ophthalmic surgery, his desire for a professorship or a hospital service, irrespective of his aptitude for teaching or his interest in studying hospital cases, will be greatly moderated; the true teacher and clinical student will have a correspondingly better chance, and mushroom medical schools and new hospitals will be less of a burden in the land.

Of course the best, the most legitimate advertising comes through one's fellow members of the profession. This must rank above that which comes by the mouths of patients. For usually the doctor with a ready tongue and an abounding confidence in his own abilities will secure the support of the loud and persistent talkers of a community, rather than the modest man of higher skill. The judgment of one's professional fellows if not perfect must at least rank higher than any other generally attainable, so that this channel of advertisement is least liable to be abused, and everything that aids to consolidate and organize the profession is to be favored on this account.

But other channels, too, must be provided, and one to be considered is the proper announcement by sign and newspaper card, of the branch of practice followed. A difficulty in the matter has been to so word the announcement as to clearly convey the meaning intended, without making a claim of special and peculiar skill in the treatment of the class of diseases indicated. The American Medical Association some years ago decided that it was proper to publicly announce that one's practice was limited to diseases of the eye, diseases of the skin, etc. But to append the title oculist or dermotologist, was to make a claim of special skill, and, therefore, forbidden.

It is quite possible that, at the time the American Medical Association took the action that it did on this subject, the incomplete development of the specialties, so-called, and the way in which the terms were commonly

employed, gave more force to the objection to such terms as oculist and aurist than now holds. Unless the meanings usually attached to the two forms of expression in the community be still radically different, there is much to be said in favor of the briefer form. It is never good English to use a phrase or a sentence where a single word will make the meaning equally clear; and the spirit of ethics cannot be legislated into doctors by enforcing a peculiar phraseology, the peculiarities of which neither they nor those whom they address appreciate.

* * * *

Government Positions for Physicians.

THERE is no immediate danger of cholera in America, according to Health Officer William T. Jenkins, who has just returned from an investigation of the subject in Europe. While in Europe Dr. Jenkins found that the health authorities had taken precautions to comply with the provisions and regulations of this Government regarding the care and supervision of immigrants prior to their departure for the United States. At Bremen and Hamburg he visited the barracks where the immigrants are held prior to sailing, and at each point found a satisfactory state of affairs. He visited the lodging houses at an unexpected time, and found them excellent from a sanitary standpoint. He says of Hamburg:

"I visited the water-works and filtering systems, and found the water supply was controlled in a very efficient manner. I firmly believe that Hamburg, which has been considered by me in the past as the danger point for cholera, by the efficient supervision of its immigrants, the improvement and perfection of the water supply, has become the least dangerous. I do not believe that disease will be introduced into the city again by means of water infection.

"Rotterdam and Hamburg have excellent facilities. At the latter port Dr. Chancellor is U. S. Consul. He has a reputation as a sanitarian. At Amsterdam they do not permit emigrants from infected places to enter the city. The highest ports are well protected, but the service at Naples and Genoa is not as good as that in Northern Europe. After all my inspections in the principal ports of Europe I failed to find a system or plant which can for an instant compare with the quarantine at the port of New York. I talked with all the U. S. Consuls wherever I went, and they all agree that the proper inspection service of immigrants by the U. S. Government at foreign ports should be done by physicians appointed under the supervision of the Consuls. They claim that the establishment of a dual system, as in force last year, was a failure."

THE PAST MONTH

Brief and breezy items of news are asked from Doctors everywhere.

Dr. S.W. Green, of East Toledo, Ohio, was knocked down and seriously injured by an electric car in Norwalk, December 29th.

Dr. Carter B. Higgins, of Peru, Ind., died suddenly of gastritis. He was very talented and was extremely popular with his fellow-citizens.

Dr. M. G. Edmistin, Superintendent of the West Virginia Hospital for the Insane, at Weston, W. Va., died at Mt. Hope, Md., on the 27th ult.

Senator Morrill characterizes some of Senator Peffer's recommendations as "quack panaceas for real and imaginary public grievances and evils."

The London *Lancet* says the Pope is suffering from catarrhal symptoms, and that he has been forbidden by his physicians to leave his private apartments.

Governor McKinley Dec. 20th, reappointed Prof. E. T. Nelson, of Delaware, a member of the Ohio State board of health, for the term ending Dec. 12, 1901.

The memorial tablet in honor of Dr. Horace Wells, the discoverer of anæsthesia, which has been placed on the front of the Corning Building, Hartford, Conn., was unveiled on Saturday, December 15th.

It is generally supposed that when a man's heart pulsations go down to forty a minute death will follow unless restoratives are administered. Parisian doctors are now, it is said, puzzled over a man in one of the hospitals whose pulsations have sunk as low as eighteen a minute, although to all appearances he is well and strong.

The class of '97 at Wellesley is the most athletic class in the college. Its members excel in every kind of sport and have earned honors both at home and abroad.

A curious compliment to a dead man was uttered by the Marchioness of ——, who, when told that the celebrated physician, Borden, had been found dead in his bed, exclaimed: "Ah! death was so afraid of him that he did not dare attack him except when he was asleep."

Dr. John Williamson Palmer has a quaint and attractive picture of "Old Maryland Homes and Ways" in the December number of the *Century*. There are many illustrations, drawn by Castaigne and Helmick, and engraved by the foremost engravers.

Dr. J. A. Henderson, a prominent physician, was shot and killed in his own house, at Sevierville, Tenn., Nov. 29, by W. H Gass, a leading business man of that place, who, it is alleged, suspected the doctor of undue intimacy with his wife.

A cable dispatch from Toulon, France, announces the death there of General Thaddeus Phelps Mott, the last surviving son of the celebrated physician, Dr. Valentine Mott. The late General Mott was a soldier of fortune, and internationally known as the "fighting general."

THE New York City Board of Estimate and Apportionment, Dec. 20th, voted an appropriation of $30,000 with which to produce anti-toxine serum, which has proved uncertain in the treatment and cure of diphtheria abroad.

EDWIN T. HUBBARD, M. D., died Dec. 14th, at Rochester, N. H., aged forty-one. He was born at Hiram, Me., graduating from Limerick (Me.) Academy; then attending the Ann Arbor (Mich.) Medical School, followed by graduation from Dartmouth Medical College in 1876.

P. T. WILLIAMS, M. D., of 297 W. Sixth street. Cincinnati, died at his residence on December 25th. His death was instantaneous, from paralysis of the heart. He was sitting at the supper table when overcome. He had been a practicing physician in Cincinnati for twenty-five years.

THE following are characteristic news items from Kentucky: "Six sets of triplets have been born in Carlisle County, Kentucky, within a week." "Uncle John White, of Rhea, Calloway County, Kentucky, who is more than a hundred years of age, is looking for his seventh wife."

THERE has been a sensational hydrophobia scare in Mt. Vernon, Ohio. Dr. A. M. Bleile, professor of physiology at the Ohio State University, was called in to give expert opinion as to the disease of the suspected dog. He said that it was genuine hydrophobia. Fifteen people were bitten.

PROF. BERGMAN told the German Medical Society, on December 5th, that he could not hope to settle soon the question of the value of Behring's anti-diphtheritic serum. He had begun forty-six experiments, but would not be able to form a final opinion in less than a year. Professor Virchow referred to the surprisingly good results obtained in the Emperor Frederick Hospital. He said it was the duty of every physician to use the serum despite the injurious effects which might result from it. He thought years would pass before the value of the serum could be fixed definitely.

THE chief rabbi of New Zealand says that of the 208 cancer cases treated in the Wellington Hospital during the last eight years, not one was a Hebrew. He attributes the immunity of Hebrews to the regulations regarding the slaughter of cattle. In New Zealand cancer and tuberculosis are very prevalent among cattle.

DR. ALEXANDER, of Wyandot, Ohio, was summoned in haste on the night of December 29th to the bedside of a dying patient in the country. He drove near the house and started to walk across a field. In doing so he stepped into an uncovered well, and was only saved from drowning by catching hold of an offset just above the water. He was kept a prisoner in the well until morning, when a searching party found him. Meantime the patient died.

SAYS the *New York Sun*: We recorded last week the death of another member of the medical profession in practice near this city, which was due to an infectious disease caught from a patient upon whom he was in attendance. We have recently spoken of the constant recurrence of such examples of professional self-sacrifice, and of the large number of them every year. A foreign writer now in this country groans over his discovery that "very few Americans have any ideal in life." But there are certainly a good many American doctors who have a high ideal of duty.

ADVICES received in London from Southeastern Africa announce that Elrington F. S. McKay, a surgeon attached to H. M. S. Pioneer, a small special service vessel on Lake Nyassa, was killed recently by a lion while out shooting. A few years ago Surgeon McKay was the champion fifty mile bicycle rider of Ireland.

A VIBRATING helmet for the cure of nervous headaches has been invented by a French physician. It is constructed of strips of steel, put in vibration by a small electro motor which makes 600 turns a minute. The sensation, which is described as not unpleasant, produces drowsiness; the patient falls asleep under its influence and awakes to find that the pain has ceased.

DR. R. J. MOORE, one of the oldest resident physicians of Fillmore County, Minn., was arrested December 7th on a bench warrant from the United States District Court at Winona, in which he has been indicted on a charge for conspiracy against the government in pension fraud examination matters. Dr. Johns, of Preston, was arrested on a similar charge.

As an illustration of remarkable longevity, the following anecdote is good: Mary M. Seely and Jason Hodges, of Provincetown, Cape Cod, have been engaged to be married for forty-three years. But the engagement was broken last week because Jason pulled a corkscrew out of his pocket along with his handkerchief. Miss Seely says she is glad the discovery was made, because she had had her suspicions for thirty-five years.

A MOST peculiar and terrible affliction, which baffles the skill of the physicians, is distressing Mrs. George Miller, of Hicksville, Ind. Commencing with her toes, her right foot and leg have become withered and black, although there is no mortification. The blood seems to seek the surface and dry beneath the skin. The unfortunate woman is in intense pain and entertains no hope of recovery.

WM. SEEBACH, of Chicago, came to Mitchell, Ont., November 29th, via the Grand Trunk railroad. When he left the train he was ill and called a physician. Dr. Smith diagnosed his case as virulent smallpox. The train authorities were notified and the passengers in the coach were wild with fright. A lady who had helped him on with his overcoat fainted when told of the dispatch. The car was taken off at Goderich, locked and returned to Stratford.

DR. ZACHARIN, the late czar's physician, has lately devised a new method of staunching the flow of blood. Steam is injected into the wound through a catheter for a minute or less. The patient, under chloroform, feels neither pain nor any evil effects from the steam. Experiments on animals show that portions of the liver, spleen, kidneys, lungs, and to a certain extent of the brain, may be thus removed without fatal results.

THAT even the kings who persecuted the Jews in the middle ages were obliged to employ Jewish physicians is well known. A writer in the Barcelona *Revista de Clencals Medicas* now shows from the Vatican archives that the Popes also employed them, and in return protected them in holding to their faith. Angeló de Manuele, a Jew was appointed physician to Boniface IX. and the conclave of Cardinals in 1392. Julius II. had for his doctor a Spanish rabbi. The Popes of the renaissance, Leo X., Clement VII., Paul III., all employed Jews. As late as 1550 the religion of the doctors was not interfered with.

DR. JOHN WISE, one of the oldest practicing physicians of Dayton, Ohio, died Dec. 15th. The deceased was in his seventy-fourth year, and came to Dayton from Lancaster, Pa., in 1849. Within twelve hours after Fort Sumpter had been fired on he was enlisted. In 1862 he entered the navy, in which he remained three years. He was among the oldest Masons in the city, and was one of the promoters and officers of the National Naval Veterans' Association.

DR. J. H. CARD, of Birmingham, Ala., a traveling medicine vender, was murdered and robbed near Roanoke, Randolph county, Dec. 21. He hnd been out in the country, and failing to return search was instituted the following morning, which resulted in the finding of his dead body by the roadside. Several hundred dollars, which he is known to have had on his person, and a diamond were missing. The assassins are thought to be negroes.

DR. J. S. MANULAY, of Muncie, Ind., has been dangerously ill from the effects of a very peculiar case of poisoning. Dec. 2d he administered a dose of medicine to Mrs. Frank Raburn. A few hours later she developed all the signs of having been poisoned. The doctor protested and the following morning, to prove his confidence, he took a dose of the same medicine. In a short time he dropped to the floor unconscious, and it required hard work all day to save him, and his eyes are seriously affected. In filling the prescription the drug clerk put up the wrong medicine.

PROBABLY it will be a matter of surprise to many to learn that large quantities of snails are annually shipped to the United States from Europe to be eaten by epicures, yet this fact is set out in Consular reports received at the State department from France and Switzerland. From France alone the shipments of these snails in one year amount to 220,460 pounds. Those shipped to the United States are of the finest quality, and sell for $4.82 per thousand snails. Large tracts of ground in France are devoted solely to the propagation of these food snails.

THE fifty-fifth quarterly meeting of the North Central Ohio Medical Society, Dr. G. P. Sattler, of Favonia, president, and Dr. R. F. Grubaugh, of Mansfield, secretary, was held in Marion, Ohio, Dec. 21, with a good attendance of physicians from different parts of the state. Papers were read by Drs. C. B. Parker, Cleveland; Merrill Rickets, Cincinnati; F. C. Larimore, Mt. Vernon; Charles H. Merz, Sandusky; A. J. Erwin, Mansfield; Rufus B. Hull, Cincinnati; C. A. Kirkley, Toledo; R. Harvey Reed, Columbus; B. F. Harding, Mansfield; E. J. Wilson, Columbus; I. A. Myers, Shelby, and a poem by W. S. Battles, of Shreve.

IT is now certain that neither Dr. J. I. Guillotin, who is said to have died upon the instrument which has a name so strikingly like his own, nor Dr. J. B. V. Guillotin, who has also been given the credit of being its inventor, was the designer of the French instrument of capital punishment. It is known to have been in use in Italy at least 500 years before the time of either of the gentlemen mentioned, and was the recognized instrument used for inflicting the death penalty in Scotland during both the Fifteenth and Sixteenth centuries. Conradin, of Swabia was executed by such a machine at Naples in the year 1268, and that it was in use in France more than one hundred years before the time of Dr. J. I. Guillotin is proven by the fact that the Duc de Montmorency was decapitated "by a sliding axe" in 1632.

THE recent arrest of John Amos, at Guthrie, O. T., an Otoe Indian, on the charge of bigamy, raises a question, the outcome of which will be looked forward to with interest throughout the country. Hundreds of Indians and different tribes are practising polygamy, being united to various wives by tribal customs. Will the court decide that the Indian is amenable to the marriage laws of the country? Are their primitive marriages legal? Can they be punished for bigamy? These are the questions that the court will have to wrestle with as it is understood that this case will be made a test one and will be carried to the Supreme Court of the United States.

A BREAK has occurred in the faculty of the Cleveland University of Medicine and Surgery. The dental department has been robbed by the departure of Prof. S. S. Dewey, M. D, D. D. S., of its only professor of histology, pathology and embryology. He had been at the head of the dental department since it was established, four years ago. Prof. Dewey claims that the college owes him money. He did not get it and resigned. His resignation has been accepted. There was a difference of opinion between the faculty and Prof. Dewey as to the proportion he should receive of the fees paid by the dental students. His successor has not been appointed.

A PHYSICIAN, in the *Medical and Surgical Journal*, tells a story of Dr. Holmes that will bear repeating. It was when a son had been born to him, and, while he was usually very prompt at the Harvard Medical School, he was missed one morning. Finally he entered the room hurriedly, glanced around with a smile, and said: "Gentlemen, I know I am late, but there is a little stranger at my house" And then with an expression such as only Holmes' face could assume, he continued, "Now, can any one tell me what well known business firm in Boston he is like?" There was no response. "He is like Little & Brown," said the doctor, with a twinkle in his eye.

DR. F——, a physician of Montpelier, was in the habit of employing a very ingenious artifice. When he came to a town where he was not known he pretended to have lost his dog, and ordered the public crier to offer, with beat of drum, a reward of twenty-five louis to whoever should bring it to him. The crier took care to mention all the titles and academic honors of the doctor, as well as his place of residence. He soon became the talk of the town. "Do you know," says one, "that a famous physician has come here, a very clever fellow? He must be very rich, for he offers twenty-five louis for the return of his dog." The dog was not found but patients were.

THE attempt to discover the likeness of the murderer of Mrs. Shearman, of Jamestown, N. Y., photographed in the eye of the dead woman has proven a failure. It was found on the removal of the eyes that they were obscured with a covering which prevented discernment of the figure seen the previous day. Various chemicals were tried to clear the eyes, but failed, and the experiment was abandoned. Coroner Bowers said that he would take his oath that the figure was plainly visible before the eyes were taken from the body. The coroner thinks it was a mistake to remove the eyes, and that if they had been undisturbed the photographs could have easily been obtained. Much interest was taken in this experiment, and the outcome will be a disappointment to many who expected to secure a photograph from the eyes with the hope of getting some clue to the murderer.

THE origin of typhoid fever germs is being widely discussed just now both in this country and England. It seems to be assured that to check the spread of the fever it will be enough to kill germs which are bred in the human system. It is held by some physiologists, however, that typhoid germs are liable to develop wherever animal matter decays at a certain temperature. There seems to be a relation between their production and that of the putrefactive poisons called "ptomaines," which frequently appear in animal food that has been allowed to become stale. It has been shown that the typhoid germs breed in "bleached" oysters, and it is not at all unlikely that game which has become "high" is even more suitable for their production.

IT is encouraging to know that the scientific application of electricity to therapeutical work is gaining ground rapidly. Not only are medical men themselves actively investigating the subject, but electricians like Edison, Tesla, Elihihu Thompson, A. E. Kennelly, J. J. Carty and others are devoting considerable time and study to it. American medical journals contain many notes on new lines of work, and even the more conservative English press finds space to record advances in the electro-therapeutic art. A recent *Lancet* contains interesting references to the very successful use of electricity in curing trigeminal neuralgia, and to long-continued treatment of cases of tic douloureux, which is practically the same thing, with long and short applications of the current. Success is uniform in all cases.

THE reason why the pension appropriation of the United States should have increased so enormously in these late days, in the face of the multiplying years, thinning the ranks of old soldiers and their widows, and long ago relieving the national treasury of the guardianship of their dependent children, has been an anomaly. The tide has turned at last. The recent pension appropriation bill reported to the lower house of Congress, is ten million dollars below last year's appropriation. The reduction is made in two items: In the payment of pensions and in the fees of examining surgeons. For pensions the bill allows $140,000,000—a reduction of $10,000,000 from this year's appropriation—and for the surgeons' fees $800,000, being a reduction of $200,000 from the amount allowed for the current year.

IT is told of Dr. A. Conan Doyle, that he was astonished when a Boston cabman told him "he would rather have a ticket to his lecture than the fare." He thought he was traveling incognito, and asked the man how he found him out. The man replied that "he knew him as a member of the Cabmen's Literary Guild, to which the lecturer's itinerary had been telegraphed in advance, and that he recognized Dr. Doyle to be the man, because his coat lapels had evidently been grasped by New York reporters, his hair manifestly cut by a Philadelphia barber, his hat seemingly saved with difficulty from the pirates by whom he was surrounded at a Chicago luncheon, while his overshoes bore traces of Buffalo mud, and there was an odor of Utica cigar upon his person." The doctor surrendered at discretion and gave the fellow a ticket for his whole family.

JERSEY CITY is the home of a suicide club, organized under the appropriate name of "A Dead Sure Thing." The name of every member is known to the police. The suicide club was organized some time ago and has become so popular that sixty-eight members have joined within a few months. The rules provide that there shall be a drawing

once a year unless some member commits suicide voluntarily in which event the drawing is omitted. Any member who fails to inflict fatal injuries upon himself when selected at the year's offering, is promptly expelled from the club on his recovery. Glendale park has been selected as the place at which the suicides must occur, and one was attempted there two weeks ago. The victim in that instance is on the fair road to recovery. and will be expelled in disgrace. What name does a disease of this kind deserve, and what is the remedy?

It appears that scarlet fever has prevailed to an alarming degree in Cleveland, Ohio, for some time. On December 11th Dr. X. N. Scott made a formal demand that all schools should be forthwith closed until the disease was sufficiently stamped out. Dr. Scott said: "The physicians of the city have been fighting the disease for months and have made no progress. The spread of the disease is increasing. Its awful effects are permanent. We have little children dying every day, and there are more who are left permanently crippled by scarlet fever. Fifteen per cent. of the deaths are caused by scarlet fever, and as the weeks go by the awful list grows longer and longer. If any steps we can take will save the lives of the children we should take them, no matter what the inconveniences. The present methods of quarantining school children have proved ineffectual. A child is barred from one school and sent by the parents to another."

The case of the State of Indiana vs. Dr. Conda B. Beck charged by grand jury indictment with murder in the second degree, for the killing of his sweetheart, Miss Grace Cohee, on the 28th of July, last, was called in the Circuit Court Dec. 11th. A motion to quash the indictment was overruled, and defendant arraigned and pleaded not guilty. The doctor was spending the evening with his sweetheart. and while she went out back of the house, fell asleep, and when she came around front he was suddenly startled, and drawing a revolver, fired two shots, one passing through her abdomen, inflicting wounds from which she died five days later. The defendant is a nephew of the late Dr. J. C. Beck of Cincinnati, and a cousin of Hon. Wm. J. Beck, now Mayor of Muncie, and is about thirty years old. The case went to the jury at noon, December 17th, and they brought in a verdict of not guilty at 7:30 p. m. The courtroom was densely packed, and a loud roar of cheers went up by the crowd, which was reproved by Judge Hord.

Health-officer Leick, of Cleveland, Ohio, is intensely interested in the new cure for diphtheria. He is satisfied that if anti-toxine will do all that is claimed for it, or even half, its inventor should be hailed as a public benefactor. He said: "I would rather have smallpox in its most malignant form than diphtheria for the figures will show that the latter disease is the more dangerous and painful. I see that one or two prominent medical authorities have thrown cold water on the treatment, but the general weight of the medical opinion is that it is a great success. Experiments should be conducted in this state and the treatment should be at the disposition of the public. Its cost, at present, is so great as to amount to practical prohibition. This city has no money to use in propagating the mixture, and it is a matter that should never be left in the hands of any one man or set of men. There would be no guarantee of quality and no way of regulating price. We have a state university at Columbus and I believe that there the serum should be prepared and furnished to the vari-

ous health departments at cost. By that method the cost to patients would be reduced so that all could participate in the benefits of the treatment. I am ready to do anything in my power to hasten the day when the treatment will be available in Cleveland.

DR. T. C. KENEDY, Secretary of the Association of the Big Four Railway Surgeons, sends a revised list of the officers of the association as follows: Dr. J. W. Marsee, of Indianapolis, President: Dr. J. M. Weaver, Dayton, O., First Vice President; Dr. C. P. Fry, Mattoon, Ill., Second Vice President; Dr. George Beasley, Lafayette, Ind., Third Vice President; Dr. T. C. Kenedy, Shelbyville, Ind., Secretary, Dr. F. D. Bain, Kenton, O., Treasurer. Executive Committee—Dr. S. Belknap, Niles, Mich., President; Dr. Webb J. Kelly, Galion, O., Secretary. Some opposition to the Big Four hospital scheme is manifesting itself among the employes, and, singular to state, it comes chiefly from employes who are drawing the largest salaries, they arguing that the hospital will be no benefit to them, as they have homes where they will be cared for in case of sickness or injury. But few, however, it is stated, take this narrow view of the matter.

A LOCAL paper has recorded the following: A Zanesville drummer told the following story to a crowd of listeners the other night. He said the Salvation Army in a town near Zanesville was in the habit of displaying this glaring interrogatory: "What Shall I Do to be Saved?" The venders of a well known patent medicine saw in this an opportunity for an unique and useful advertisement and forthwith had similar sized bills pasted underneath, as follows: "Try Blank's Noted Pills." This naturally annoyed the religionists, who at once ceased to be the medium of giving publicity in such a manner to the proprietary article. In time the original placards were washed away, but the advertisement of "Try Blank's Noted Pills" continued to appear. The chance for revenge had now arrived and in order to square matters the Salvationists beneath every announcement displayed an attractive poster, on which was printed, "Prepare to Meet Thy God!"

THE forty-sixth semi-annual meeting of the Mitchell District Medical Society is in session at Mitchell, Ind., at this writing, December 27th. This society is one of the oldest and most favorably known in the country and this meeting promises to eclipse all previous ones. On the programme are many physicians of national and even international reputation. Among them are: Drs. Mathews, McMurtry and Reynolds, of Louisville; Conner, Reamy, Thompson and Hall, of Cincinnati; Lydston, of Chicago; Love, of St. Louis; Marsee, Pantzer, Heath, Cline and Potter, of Indianapolis; Owen, of Evansville; Collins, of Lawrenceburg; Dixon, of Henderson, Ky.; and Reed, of Columbus, O. On Thursday evening Dr. Joseph M. Mathews, of Louisville, one of Kentucky's most gifted orators, as well as celebrated surgeons will deliver a popular lecture entitled, "What are we here for?" Other social features will be added that will tend to break the monotony of the programme, and make the meeting a memorable one. The meeting is attracting the attention of a large majority of the profession of Indiana.

FIFTY citizens of Marion, a village near Elmira, New York, about equally divided between men and women, armed with eggs and tar and feathers, marched in a body to the residence of Dr. Gilbert Shaw, on the night of Nov. 29th, with the full intention of riding the doctor on a

rail. Shaw was taken unawares while in bed, but managed to escape to the woods clothed only in his night robe. Two women in the house escaped the punishment intended for the doctor by promising to leave town in the morning, which they did, followed to the train by a jeering mob. It is alleged as a provocation, that the doctor and a young student named Hawkins, who lived with him, brought two women to live in the house as housekeepers. These women did not bear a good reputation and the citizens were enraged that for the first time in its history women of that character should be brought in their midst. Accordingly the raid that took place was planned and executed by some of the best people of the town. Hawkins was sick in bed and was not molested. He will leave the town immediately upon recovery.

Dr. Geo. W. Pickin and son, Asigal Pickin, were arrested in Eau Claire, Wis., November 27th, on the charge of hypnotizing Miss Edna Mabel Briggs, a prominent young society woman for criminal purposes. The young woman was found in Dr. Pickin's institute, after she had been missing for two days, but on account of the influence exerted over her by young Pickin, was unable to tell the story of her imprisonment until three days later, when the arrests were made. Even after she was removed several miles from the place of her confinement she did not regain her normal condition of mind and was able to tell minutely the movements of Pickin at any time of day. When Pickin was arrested she told the exact time to a minute, and even told of his entering a drug store on his way to the station in charge of the officers. Local physicians say the phenomenon of mental telegraphy is by this case firmly established and a new era in mental phenomena is opened. A hypnotist of greater influence than Pickin was sent for from Chicago, and has succeeded in restoring the girl's mind, but it is feared that when she is placed on the witness stand Pickin will again succeed in controlling her and will seal her lips. The girl says that if there is anything in mind reading, there is a secret cellar in the Pickin institute and the bodies of two girls are buried there. The Briggs family are of unexceptional social standing, and Dr. Pickin is an old and prominent citizen.

The season of colds, at least the season accepted as such, being upon us, it is well to remind patients that the best authorities ascribe the prevalence of these distempers to bad indoor air rather than to severe outdoor air. "Cold air," says an authority in a recent magazine "does not cause throat and lung diseases, but only bad air." The fact that there is a marked increase in these diseases during the cold weather he fits to the theory by declaring that such disorders are produced, not by the cold air, but by the indoor life that accompanies the season.

"An open fire in every living-room in every house," says another enthusiast on the same subject of ventilation, "would do more to lower the death rate from respiratory diseases than any other medication or other existing remedial agency. Barring this, he urges frequent airing of rooms constantly occupied, but also insists that the ventilation be done on principles of common sense. "Steam-heated rooms," pursues this carping critic, "particularly in apartments, usually reach a temperature of 80 degrees. This, I may say, is a mild statement. Any person living in such places endure this or greater heat until it becomes intolerable, and then throw open windows recklessly. The temperature is lowered too suddenly, a chill is sure to follow, and often serious mischief. Why not take the

pains with our own lives that a florist does with his plants? The air in a green-house is regulated by a thermometer and kept even and pure without a sudden chill or overheating. It is the high temperature and bad air of our houses that have made us a race of catarrhal wheezers, and not at all, I believe, climatic conditions."

A RECENT dispatch from Berlin significantly says: The unmeasured claims advanced for the curative effects of Prof. Behring's diptheria serum is setting in rather seriously. The most significant utterance in this respect was made at a meeting on Wednesday, November 27th, of the Berlin Medical School, when Dr. Hannesmann, an assistant in Prof. Virchow's Pathological Institute, as mouth-piece of Prof. Virchow, himself, sharply criticised in detail Prof. Behring's serum therapeutics. He denied that the serum immunizes human beings, and declared that no sufficient proof had been produced affecting its curative properties. Furthermore, Dr. Hannesmann claimed that the effects of serum treatment, in many cases, was dangerous to health and even life. The statistics thus far obtainable of the results of the serum treatment he pronounced to be unreliable and often misleading. The lecture was received with great applause from one part of the audience, and with hisses from the other part. The extension of the serum treatment to other cities, at home and abroad, however, is reported to be going on steadily, and the chemical works at Hoeshat, near Frankfort, where the serum is manufactured, have been enlarged in order to meet the demands for the serum. Dr. G. H. F. Nutall, a young American physician, who is now Assistant Professor of the Hygienic Institute of Berlin, in view of the fact that his share of the discovery of the serum treatment has not apparently been clearly understood, has made the following statement. He studied in 1887 and 1888 under Prof. Fluegge at Breslau and Goettingen, and while pursuing experiments in the laboratories he made certain discoveries which enabled him to demonstrate for the first time that blood possesses bacteriological properties. He published the results of these researches among which was the fact that the blood of an immunized sheep destroyed more anthax, or bacilli, than the blood of non-immunized animals. He thus clearly showed the way which Behring and others subsequently took, and, in point of fact, laid the foundation of the present blood serum treatment. Harvard University awarded Nutall and Boylsten the prize for original research.

A WELL known Los Angeles physician thinks it is high time for his brethren in the east to understand that to send consumptives as a last resort to Southern California is to inspire them with a false hope and to inflict an injury on their friends. "We have but few selected localities where the consumptive may expect to derive benefit," he says "and then only when he comes here in the early stages of the disease. These localities are not in our cities, where too many physicians send these unfortunates. Experience has taught us that such desirable places are rather isolated, and are either in the mountains, on the desert, or along the seacoast. The best places are along the southern exposure of the two foothills of the mountain ranges of Kern, San Bernardino, and Los Angeles counties; off the coast of San Diego and Santa Barbara counties, and in India Valley on the Colorado Desert. Once located, the patient should remain not a few weeks or months, or a year, but he should forever make his home the remainder of his life at such place suitable to his partic-

ular case, and not go to the city as soon as he feels an improvement in his condition, as is invariably the case, with the result only of being obliged to return very soon all the worse for making the change." He recommends that the cottage or tent to be used by the invalid should be set up on the southern slope of a hill, so as to catch the rays of the sun during the entire day. "In this climate," he explains, "there is an unpleasant, ungrateful, chilly coolness in the shade, even during the warm summer days, which is as perceptible under the shade of a palm tree as on the shaded side of a house or hillside. Why this coolness when the thermometer in the sun registers 80 degrees to 100 degrees Fahrenheit, I must leave each one to account for himself. Even the robust, healthy individual in summer evenings always goes provided against this coolnese with an overcoat. An overcoat is a very essential garment in this climate the year round. This coolness of atmosphere, which exists at all times in the shade, and is very pronounced at nightfall, is one of the drawbacks of this climate as a health resort." He concludes by saying that day after day he is consulted by victims of the disease, "only to advise them to return to their homes and friends, while they yet have the strength to withstand the return journey, and receive the kind care from those who are near and dear to them."

DESPITE the warnings of medical authorities, marriages between blood relations continue to an alarming degree in Germany. During the last year there were upwards of 2,000 such marriages, 1,423 being between first and second cousins, 111 between uncles and nieces, and 16 between nephews and aunts. The proportion of these consanguineous alliances to the total of marriages recorded is 1 to each 140 matrimonial unions.

THE nutritive value and cost of foods is discussed at length in a bulletin of the Agricultural Department, issued Dec. 17th, based on investigations made by the Bureau of Animal Industry. The results of these studies, says the bulletin, confirms the general impression of hygienists that our diet is one sided, and that we eat too much. Owing to the large consumption in this country of sugar and the use of large quantities of fat meats, the food which we actually eat has relatively too little protein and too much fat, starch and sugar. It is found that the protein of ordinary meats, fish and milk is readily digested; that of vegetable foods is much less completely digested than of animal foods. One-fourth or one-third of potatoes, whole meat and rye flour may escape digestion, and thus be useless for nourishment, and one-sixth of the protein of wheat flour, cornmeal, peas and beans may be assumed to be undigested when cooked and eaten in the usual way.

"Of the meat extracts in the market," coutinues the report, "some contain very little and others practically no material which builds the tissues or yields energy. Animal foods gratify the palate in many ways which the vegetable foods do not, and what is perhaps of greater weight in regulating the actual usage of communities by whose demand the prices are regulated, they satisfy a real need by supplying protein and fats, which vegetable foods lack."

DR. J. J. KINYOUN, Past Assistant Surgeon of the Marine Hospital Service, arrived in New York, Nov. 29th, from Bremen. Dr. Kinyoun was sent abroad as the representative of the U. S. Marine Hospital Service to attend the Medical Congress, and has made a thorough study of the new serum cure for diphtheria. He expresses the greatest faith in its

efficiency. Dr. Kinyoun has already made arrangements to introduce the cure into the hospitals of the U. S. Marine Service.

Dr. George B. Thomas and Miss Agnes Reynolds, both of Peebles, O., were married at the residence of the bridge's parents on Nov. 29th.

Dr. Hazlett Cummins, a leading physician of Wheeling, W. Va., died Dec. 5, of diphtheria, contracted while performing the operation of tracheotomy upon a patient child.

Isadore Cohen died at the Cincinnati Hospital Dec. 3rd. The deceased was the child which was treated at the institution for diphtheria with the new cure, antitoxine. He recovered, but a few weeks ago was stricken with paralysis which caused death.

A correspondent of the *British Medical Journal* says that the disease which has been epidemic in some of the Chinese cities is the true plague. There is always more or less of it in China, and while it does not spread rapidly by infecting the atmosphere, it "is extremely contagious from person to person."

All the physicians that attended the late Czar in his last illness have become very unpopular in Russia. This is especially true of Dr. Zacharin, who is regarded with particular disfavor by the people. It is rather curious, therefore, that Father Ivan, whose prayers seemed for a time to arrest the progress of the disease, should have gained so immensely in prestige as he has. Crowds of people waiting to receive his blessing follow him wherever he goes.

Dr. Archibald I. Church, editor of the *Chicago Medical Review*, has recently returned from an extended trip through the South. Dr. Church is one of the foremost medical men of the present day, being an acknowledged authority on insanity. He was the principal expert witness in the trial of Prendergast, the assassin of Carter Harrison, and it was mainly upon his testimony that the sanity of the murderer was established after so long a fight, and in the face of a vast volume of evidence that was presented against him.

It is stated on the authority of Dr. L. E. Russell, surgeon of the Big Four railroad that the company is going to build two fine hospitals, one to be located in Indianapolis, and the other at Springfield, O. Quarters for the hospital will be leased about Feb. 1, to serve until a suitable building can be erected. There will be a fund of $75,000 a year divided between the two hospitals for running expenses, $50,000 of this to be raised by assessing one cent on each dollar of salary per man, every month, and the other $25,000 to be donated by the company.

Chili is said to be losing its reputation as one of the most healthful spots on the globe, and to be in a fair way to become recognized one of the most unhealthful. The mortality, according to official statistics, is now 56 in 1,000, an enormous figure, which is not even attained in the city of Calcutta, reputed one of the plague spots of the globe, where the proportion is only 56 in 1,000. In Santiago the mortality has attained an unheard-of degree. For two years past the deaths there have amounted to ten per cent. of the population. A large proportion of this great increase is due to the spread of diphtheria. Chilli would seem, therefore, to be a good field for the serum therapeutists.

The old-time South American Indians, were head-hunters in every sense of the word, and their manner of preserving the relics of battle

would make an Egyptian embalmer sick with envy. They cut off the heads of all vanquished foes and then removed the flesh, bones and brain by some lost process. The materials used in embalming these uncanny relics (fluids or what not) had the effect of shrinking the head until the intellectual dome of a full-grown man would not be larger than a lemon. One of these shriveled embalmed heads is now in the Boston museum of Fine Arts. The hair is still as black and glossy as when worn by the original owner of the head four or five hundred years ago, and the lips, mouth, nose and eyes are all perfect, although reduced in size proportionate to the shrunken head. The curators of the museum value it at $5,000.

A HUNGARIAN paper says that Francis Deak, the Hungarian statesman, used to get rid of troublesome visitors by telling them the following story: "Once, when in Paris, Napoleon I. paid a visit to a hospital for old soldiers. Here he perceived among the rest a man who had lost one of his arms, and he entered into conversation with him. 'Where did you lose your arm?' asked the Emperor. 'At Austerlitz, Your Majesty.' 'Then, no doubt, you curse the Emperor and your country every time you look at your mutilated limb?' 'No, indeed,' protested the veteran, 'for the Emperor and my native land I would readily sacrifice my other arm, if needs be.' I can hardly believe that,' the Emperor quietly remarked, and passed on. But the soldier, anxious to prove that he was in earnest, immediately drew a sabre from its sheath, and lopped off his other arm." Here Deak would pause and fix a penetrating look on his visitor. "Well, what have you to say of such a man and such an action?" "A most sublime act of self-sacrifice! A truly noble character?" This was the style of a reply invariably given. "But the story has one flaw," he would gravely add. "What is that, pray?" "It is simply impracticable. How could a one-armed man contrive to cut off his only remaining arm?"

DR. W. H. RICHARDS, of Knoxville, Tenn., recently received information which leads him to believe that he is owner of some of the most valuable ground in Chicago, perhaps that on which some of the Windy City's best buildings now stand, and he will enter suit for his rights. A few days ago Dr. Richards was visited by his cousin, Polk Davis, of Missouri, whom he had not seen for many years. The object of the visit was highly important, possibly involving a large fortune for each of the gentlemen. By a comparison of notes they found that many years ago, when Chicago was a village, their grandfather obtained a patent to land in Cook county, Illinois, which is now the city of Chicago. In some manner the grant was lost to the heirs, so that up to the present time they have obtained no benefit from it. But Dr. Richards and Mr. Davis think they can revive the grants, and obtain equitable title to the property that was owned by their ancestors. Mr. Davis has gone to Virginia to look up the original grant, and is expected at Knoxville in a few days, when they will do something definite in the matter.

GERMAN gossip about the late Czar's doctors is threatening to be as painful as it was about the Emperor Frederick's medical advisers and their quarrels, and infinitely more ludicrous. The "*Neue Freie Presse*" is responsible for the story which it says it learns from St. Petersburg that when the Czar was at the Castle of Spala, where accommodation was limited, Dr. Zacharin, occupied the best chambers of Minister Count Woronzow Dashkoff,

in the immediate neighborhood of the Czar's apartments. Once at night, the Czar, feeling somewhat better, attempted to play his trombone. Dr. Zacharin asked Count Woronzow to see that he was allowed to sleep in quiet. Count Woronzow informed the Czar that Professor Zacharin asked him to give over playing the trombone and not to disturb him. The Czar became very indignant, and sent a reply to the Professor that he need not remain a single night at Spala, but was at liberty to leave. Dr. Zacharin left Spala, and Dr. Leyden was called from Berlin, but the Czar's illness becoming worse and worse, Zacharin's recall became inevitable, otherwise the Russian people would have complained that the first Russian physician had been supplanted at the Czar's sick bed by a German professor. But now the "*Neue Freie Presse*" correspondent suggests that there is indignation with Professor Zacharin for having got sent away by the Czar at a critical moment.

Medical Director John Mills Browne, U. S. N., retired, died at Washington, Dec. 7th. He was stricken with paralysis on the 5th inst. and never rallied.

Ex-Surgeon General Browne was born in Hinsdale, N. H., May 10, 1831. He was graduated at the medical department of Harvard University in the class of 1852, and was appointed an assistant surgeon in the navy, from New Hampshire, in 1853. He was promoted to a passed assistant surgeon in 1858, and served on the Dolphin in the home squadron the same year, on the Atlanta in Paraguay expedition, and in hospital at Norfolk. In 1859 he was fleet surgeon in the African squadron, on board the sloop Constellation, on the west coast of Africa. He was commissioned surgeon in 1861, and transferred to the Kearsarge, on special duty in European waters, and was on board that vessel in her action with the Confederate States steamer Alabama, commanded by Raphael Stemmes, of Cherbourg, France, on June 19, 1864. Upon the return of the steamer to the United States, Surgeon Brown was placed on temporary duty at the New York Navy Yard, in the fall of 1864. In the spring of 1865 he was placed on special duty to superintend the erection of the Naval hospital at Mare Island, and was in charge of the hospital in 1870–71. He was fleet surgeon of the pacific squadron from 1872 to 1876.

In December, 1871, he was commissioned Medical Inspector. He was stationed at the Marine hospital, Mare Island, from 1876 to 1878, being promoted to the rank of medical director in October of the last named year. He acted as president of the Medical Examining Board in 1880–82, as naval representative at the international medical congresses held in London in 1881 and in Copenhagen in 1884, was in charge of the museum of Hygiene in 1882–85, and was a member of the retiring board in 1885–38. In 1888 he was made chief of the Bureau of medicine and surgery, with the title of surgeon general, and discharged the duties of that post, the highest attainable in his profession, until May 10, 1893, when he was retired on account of age, with the relative rank of commodore.

Surgeon General Browne was married in 1856 to Miss Turner, a granddaughter of Francis Scott Key, of "Star Spangled Banner" celebrity. Dr. Browne was frequently taken for and spoken to on the streets of Washington by foreigners and casual observers as the late James G. Blaine, to whom he bore a most remarkable resemblance.

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